FOREIGN MISSIONS CONFERENCE

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Letters from Medical Missionaries Relative to Their Chief Difficulties, With Suggestions as to the Means of Strengthening the Medical Missionary Work

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QUESTIONAIRE

1. What are your chief difficulties in attaining your aims as a physician?
2. What do you suggest as the means for strengthening the Medical Missionary Work?

Extract From Life of David Livingstone

The two Waiyau who joined us at Kandé's village, now deserted. They had been very faithful all the way, and took our part in every case. Knowing the language well, they were extremely useful, and no one thought that they would desert, for they were free men—their masters had been killed by the Mazitu—and this circumstance, and their uniform good conduct, made us trust them more than we should have done any others who had been slaves.

But they left us in the forest, and heavy rain came on, which obliterated every vestige of their footsteps. To make the loss the more galling, they took what we could least spare—the medicine box, which they would only throw away as soon as they came to examine their booty. . . . The forest was so dense and high, there was no chance of getting a glimpse of the fugitives, who took all the dishes, a large box of powder, the flour we had purchased dearly to help us as far as the Chambezé, the tools, two guns, and a cartridge-pouch; but the medicine-chest was the sorest loss of all! I felt as if I had received the sentence of death, like poor Bishop Mackenzie. All the other goods I had divided, in case of loss or desertion, but had never dreamed of losing the precious quinine and other remedies.

The Place of Medical Work in Missions

Rev. George E. Post, M.A., M.D., D.D.S., Syrian Protestant College. In part as read at the Ecumenical Conference, New York, 1900.

If the Good Samaritan had sat down by the side of the wounded man who fell among thieves, and spoken to him of his sins, and preached the Law and the Prophets to him, our matchless parable would never have been written, and the lawyer would have been as uncertain as ever as to who was his neighbor. But when the Samaritan bound up the wounds, and poured over the bandages oil and wine, the best antiseptic dressing in his power, and then made an ambulance of his ass, and took the injured man to the nearest inn, and made provision for his nourishment and nursing until his return, he became a true medical missionary, and gave to our Saviour a luminous illustration of His own Golden Rule.

1. *Medical missions are the pioneers of evangelism.*

They can be planted where no other branch of evangelistic work is possible. They are founded on a need which is universal, and felt by all. Every human being is sometimes ill, and, when not ill himself, is often anxious on account of the illness of some relative or friend. The doctor, therefore, has immediate and welcome access to vast numbers who neither wish, nor will have, any intercourse with other missionaries. From the moment that the doctor pitches his tent in an Arab encampment, or by an African kraal, or opens a dispensary in a Hindu village, or itinerates among the teeming multitudes of China, or opens a hospital in any of the cities of heathendom or Islam, he is besieged by applicants for his healing skill. The most bigoted Mohammedan mollah or fakir will kiss his hand, and beseech him in tones which recall the plaintive appeals of the blind, the lame, the paralyzed, and of the fathers and mothers of the dying and the dead, to Christ Himself. Often those who have for their lifetime scoffed at Christ, and spit upon His followers, will beg, in the name and for the sake of Jesus, that the

doctor would take pity on them, or their father, or mother, or child. Men and women who have never heard of the Gospel will prostrate themselves, and crawl the length of the room, to seize and kiss the feet of the doctor, to move him to pity their misery. A doctor may live in security among robbers and thugs. He can visit districts closed to all others. He is called to the inmost recesses of the harem and the zenana. He is a welcome guest in the house of Jewish rabbis, of Mohammedan *ulema,* of Hindu and Buddhist priests. He is regarded as a guardian angel by the poor, and he stands as an equal before rulers and kings.

2. *Medical missions are the only efficient opponents of the quackery which is intimately associated with religious superstition.*

Those living in Christian lands can have little conception of the extent and power of quackery in the unevangelized world. Among the lower types of humanity in Africa, Polynesia, and aboriginal America, religion is quackery. The abject fear of the unknown on the side of the people, and the devilish cunning and malice of the sorcerers and the medicine men or witch doctors on the other, have given to the latter an incredible power for evil. The people believe that woods, fountains, caves, rivers, are inhabited by malignant spirits or the ghosts of dead men. They believe that disease is produced by such spirits, and that wizards and witches have the power to afflict their victims with all sorts of complaints. The witch doctors diligently foster these superstitions, and pretend to be able to find out by their incantations who the wizards and witches are. . . . . This compound of medical and spiritual quackery destroys the sentiment of human brotherhood, annihilates sympathy for suffering, prevents the sick man and his friends from attributing disease to its true causes and seeking rational means of relief.

The tenderness of the missionary doctor and nurse in caring for the sick, enhances the value of human life, and teaches sympathy with suffering. Thus, through beneficence to the body, the doctor undermines the quackery which has so long crushed the soul, and unveils the face of a merciful God, who seeks to save body and soul together from suffering and sin. The missionary's surgical operations restore sight to the blind, hearing to the deaf, make the lame to walk, and repair all sorts of injuries. The power which works such wonders seems little short of miraculous to those accustomed to the crudities and cruelties of the native charlatans.

3. *Medical work is peculiarly adapted to missions in Muslim lands.*

The intense fanaticism of Mohammedan men makes direct evangelism well-nigh impossible. Street preaching is wholly out of the question. The death penalty always impends over a convert from Islam. The mere fact that a Muslim is reading the Scriptures, or conferring with a Christian, exposes him to most serious peril. But Muslims sicken and suffer pain like other men. And, notwithstanding the fatalism which leads them to attribute disease to direct divine appointment, they have a traditional respect for doctors. The Arabians of Spain and Africa were once the chief depositaries of medical learning and skill. Their doctors bore the honorable title of *hakim* (wise man). The record of their practice has come down in the works of Er-Razi, Ibn-Sina, and many others. It is true that the ancient skill is lost. The native *hakim* is an arrant quack. But when a true *hakim* appears, armed with all the wonderful appliances of modern science and art, Mohammedans are ready to concede to him the honor which belonged to their illustrious ancestors. Mohammedan women are no less fanatical and far more difficult of access than men. Medical missions, however, have broken down this barrier. The missionary physician is a privileged person among them, and when his healing work is done, he can fearlessly explain to them the person and doctrines of Christ.

4. *Medical missions are permanent agencies of evangelism.*

Were the offices of the doctor merely a bribe to induce men to listen to the gospel they would soon lose their power to draw men to Christ. We believe them to be a necessary outcome of that humanity which Christ taught and lived. The ministry of healing is itself Christlike. In proportion to its simplicity will it best serve its higher purposes and prepare its beneficiaries for its healing of the soul. Long after the work of preaching, printing, teaching, and civilizing has been firmly established, medical work should be continued as a missionary agency. In many instances its form may advantageously be changed. Instead of being pushed through the country by foreign doctors, schools of medicine may better be established, by means of which native men and women may be trained to carry forward the good work. Model hospitals and dispensaries are required to make possible the ripest results of modern science, and to give opportunity for prolonged instruction, both in medical treatment and in medical evangelism. It will be many years, centuries perhaps, ere such agencies as these will cease to be required in connection with missionary work.

5. *All the influence of medical work should be diligently utilized for the winning of souls to Christ.*

We have before said, and now reiterate, that the ministry of healing has a motive and an end in itself, and that, to be effective as an evangelistic agency, it must be given as a brotherly service, unencumbered by any conditions as to religious teaching, even as Christ rendered it. But the ministry of healing has also a motive and an end above itself, which raises it to the highest plane of Christian service. This motive and end are the saving of the soul from sin and death. There is a peculiar appropriateness in the association of bodily and spiritual healing. During sickness the soul is usually open to conviction of sin, and, after the restoration to health, often strongly moved by gratitude to God. The physician who has given his knowledge and strength to the sick man has a special right to speak to him on the state of his soul, and the patient will listen to him with a confidence and affection which he can have for no other man. If the doctor is filled with love for souls, and has the gift of utterance, he can never fail for illustrations to enforce his appeal. And if he have the gift of healing, but not of teaching or exhortation, his brother missionary stands upon the vantage ground won by the doctor's skill and devotion, from which to reach and capture the healed man for Christ.

Dr. Henry S. Hollenbeck, Kamundongo, Africa.

It seems quite evident that the medical side of the work is not being adequately represented to the churches, and even some of the Boards do not appreciate its importance and significance. Without any question a possible source of a considerable increase in income is being neglected. If this is true with reference to Medical Missions in general, it is more emphatically so with reference to those in Africa in particular, as I am learning by experience.

The chief difficulties in our region are scanty supplies both of medicine and hospital equipment, together with the pressure of other duties owing to the smallness of the force and the primitive conditions under which we work. These things at present preclude what I should call an adequate medical work.

Suggested lines of inquiry:

1. Kind of records kept.
2. What attention is given to original or research work?
3. What attempt has been made to co-operate with societies or colleges at home? With what success?
4. What is being done to combat Tuberculosis, Hookworm

and other diseases which are so much a matter of public interest at the present time?

5. Distribution of leprosy and attitude toward lepers?

T. A. Lambie, M.D., Nasser, Sudan, Africa.

My greatest difficulty is lack of proper facilities, no assistants, with exception of my wife, and over-pressure. Too many other duties. At this station pioneering work has been exceedingly difficult on account of total or almost total absence of native labor. Being the only missionary, I have had to build houses and care for a large place, besides attempting to treat forty to fifty patients daily, learn the language and do a little preaching. A man is only a man, and a mediocre person like the writer gets spread out so very thin over so many things that medical work has to suffer, and it is demoralizing to one's character to have to do nearly everything so hurriedly that perfect work is seldom possible.

I think mission doctors often need better professional training. The expenditure of more money would enable me to build and equip a small hospital instead of treating patients in a mud hut. A medical steamboat we are praying for now, a sort of floating residence for a doctor with operating room and a dispensary attached. If people at home only could realize the needs of the people here and the absolute lack of medical attention it seems to me they would be more liberal in adequately supporting the work.

I have not been able to attend any conventions for eight years. Some of us, without seeming to be critical, have a growing idea that the church at home is over-conventioned. The conventions are so great and inspiring, the addresses all that are to be desired, the statistics so very carefully compiled, but (I hope I am mistaken) the results—pitiful!

It seems to me, a humble missionary, writing out here in the heart of Africa in the midst of darkness and a solitude that can be felt, that what the Church at home needs is a deeper life in Christ; that conventions have promised great things, but if the efforts expended upon them had been expended by the conveners and participators in deepening their own lives and their consecration total and entire to Jesus, that we should not have the trouble in getting more men, more money, more prayers and sympathy for these poor savages in tropical Africa. Man is always looking for better methods, God for better men. Not that our mission work should be less methodical because the more spiritual; rather the reverse. But it seems to me that the

tendency has been more in the last few years to get always better methods, better ways of doing things, and we often miss the one thing needful, a life hid with Christ in God. I am all for publicity, articles in papers and missionary magazines, addresses in the churches, etc. Christ's methods were very simple, so were all the early disciples'. Not the twentieth century, you say; but the heathen do not know that.

What we all need to be is better men, then we will be better doctors, better missionaries, better missionary secretaries, better ministers and laymen.

Dr. L. J. Coppedge, Luebo, Belgian Congo, Africa.

In reply to your questionaire of March 1st, I would say that the chief difficulties in attaining my aims as a physician are lack of support in matters of sanitation and prophylaxis. In this the native population is most to blame, but the government as well as my non-medical colleagues on the mission are not guiltless. I suppose that in a mission directed by a bishop or some one else in supreme command, there is less difficulty of this kind.

Judson C. King, M.D., Banza, Manteke, Congo Belge, Africa.

The chief difficulties are the lack of finance to build proper buildings for the care of the sick, no hospital being at my disposal, no place to operate a case or to put one when operated. No place to separate one disease from another, or place to keep the sexes separate. You can see that the doctor is employed in dispensary work, which a trained nurse can do. A doctor's training can atrophy about as fast out here as in any place he could be put unless he takes long and unwarranted chances which may lead to disaster for his mission. A doctor goes through years of long, hard preparation, comes out here to do medical work, but finds his hands tied from lack of equipment. He also does part of the work of a minister and part of the work of a trained nurse, so that he almost loses his identity as a doctor. We should have hospitals and equipment.

I would suggest that these questions be put to the doctors in the field. Have you a proper mastery of the language to do scientific medical work? Do not be surprised at this question. Have you systematized the work in your field? Because until now the medical work here has been confined to those who came to the station for help, and the multitudes several days away have been able to get little or none. Now I am trying to work out a system by which in a short time all can at least get the benefit

derived from the more common drugs plus the help of a partly trained native in cases of cuts, burns, poisons, digestive distresses, fevers (malaria), etc. This can all be worked out from a dispensary basis, teaching a few natives at a time at the station dispensary. These men can reside in the different large towns, sell the drugs for cost plus a small per cent. to pay the native nurse and thus be self-supporting.

I believe the greatest success in the work lies in the medical education of the native; then let him do the work under the supervision of the missionary doctor. This education depends on whether you have a hospital or merely a room to dispense drugs from, as to its efficiency; the better the school the more capable can the native be. The question of hospital is up to the home church as far as this country is concerned; in some lands the natives could supply the hospital.

Are we supplying proper equipment for the doctors on the field to educate the native in a primary way, secondary way, in a medical school on the field, or are we doing nothing?

We must have no less than the dispensary, the hospital and the school, if we are to prepare the native to do the best, and surely our best is poor enough for our Master.

To interest the people at home I believe that unique and especially interesting medical experiences on the field should be gathered, statistics taken and that these with the facts as to how the medical work is a help, a necessity, to mission work, be placed before them. We can get men to listen to the gospel that never would have otherwise, if we can draw them through an appeal to their physical need through medical aid.

In this field we have no hospital, and there is no medical organization, medical work having hardly gotten under way except in the way of dispensaries, mostly conducted by (medically) untrained men or women. I believe that the home church should do this thing right or let it alone. We are doing work under the name of Almighty God and His cause is either helped enormously by what we do or hindered in the same proportion; therefore we should be given the best of equipment by those to whom God has given His best to be stewards over.

Some of the so-called hospitals statistically recorded are little more than huts, places where a white man would hardly think of spending a night, but are attempts to help the people where no money can be had from home to make a different one.

I have just proved by my experience that a trip can be made in the jungle, with a charge for medicines dispensed to the rich and poor, that will cover the cost of the drugs, in a district where they never paid for medicines before. Operations in the

hospital add so greatly to the running expenses, that I doubt if they can be met by the natives. I believe we must help them in this.

Louis F. Jaggard, M.D., Monieka, Congo Belge, Africa.

With present equipment and staff there is too much other work demanding attention to do anything in a medical way, more than "first aid."

P. W. Harrison, M.D., Bahrein, Arabia.

The chief difficulties are:

The large amount of ground I have to cover in my practice —surgery, medicine and all the specialties. It is impossible to do justice to them all, with medicine progressing in all branches. The best sort of work means specialization.

The impossibility of securing post-mortems. In five years' work I did not see one. This difficulty will be obviated only as public opinion changes. The missionary in the meantime can do nothing but use his furloughs for the purpose of supplying the deficiency.

Imperfect equipment. This relates to instruments for operations, which is the least serious; instruments for diagnosis, more expensive by far, and much more important, and perhaps worst of all, the impossibility of financing a little research work, which demands a certain amount of equipment for its prosecution.

The correction of the first difficulty waits for the increasing of the medical staff of our hospitals. In Arabia, specialization is probably still some distance away. Doubtless in fields like China and India it is now practiced more or less.

The equipment difficulty can be remedied by better support, and if the equipment for research work seems hardly a proper field for the expenditure of missionary money, it might be possible to interest outside money in such enterprises.

I would suggest as a possible means of strengthening the medical missionary work, an effort to ascertain what opportunities the medical missionary hospitals offer for the prosecution of really valuable research work, and the effort to interest outside money, possibly some fund like the Rockefeller Foundation, in an effort to use these opportunities. Only real Christians should be sent out, but with that proviso, I think some such arrangement would help raise the standard of such institutions a great deal.

Mrs. Eleanor Taylor Calverley, M.D., Kuweit, Persian Gulf.

Our medical work is still of a pioneer nature and its difficulties unique on that account.

The medical work in Busrah is self-supporting and has a trained nurse from America as its superintendent. The work at Bahrein is not self-supporting, I think, but it also has a trained nurse as superintendent. My own work for the women and children of Kuweit is only three years old and has been conducted in two rooms of a native Arab house. It has been our greatest problem to find even a native assistant to train as nurse. The best assistant I ever had was an Indian trained nurse. She had to leave on account of sickness and I was left for some time with no helper at all. During my last eight months on the field I registered three thousand patients in the dispensary alone.

The best way of strengthening the medical work in which I am engaged would be by providing funds to build a woman's hospital or even a dispensary on the mission compound and by endowing a trained nurse to work with the doctor for the women of Kuweit.

I think the best means of publicity for medical missions among the members of the medical profession at home is probably in the hands of medical missionaries on furlough. By personal contact with physicians individually and as societies they may create interest in missionary work.

I received 2,000 rupees yearly for my woman's medical work. The Men's Department of the medical work received 2,500 rupees,and were allowed to spend in addition funds raised on the field up to 1,000 rupees. My receipts on the field were 500 rupees and I was allowed to spend this. This work is not supported locally.

Robert C. Beebe, China Medical Association, 5 Quinsan Gardens, Shanghai.

The accompanying resolutions were passed at the last meeting of the executive committee of the China Medical Missionary Association and are, to a certain extent, a reply to your letter of May 17th.

The work being undertaken by the China Medical Board of the Rockefeller Foundation brings about new conditions for medical missionary work in China. That Board proposes to establish one or more medical schools, working in co-operation with the missionary societies, where young men can have

as good advantages in pursuing a medical course, as can be found in the United States or Europe.

They also propose to assist a certain number of mission hospitals, bringing them up to a higher level of equipment and general efficiency, where the graduates from their schools shall be obliged to serve at least a year as internes.

That these schools shall be, as designed, a distinct addition to missionary endeavor, those of the teaching force should be men with a missionary spirit who are willing to give their lives to the work of regenerating China. The opportunity to supply such men is open to the missionary societies of the United States and Great Britain. The need is immediate and urgent and the work of finding men of superior training and consecrated spirit cannot be undertaken too soon.

If the schools and hospitals supported and aided by the China Medical Board fail in manifesting an active Christian spirit, it will be because of the character of the men connected with them.

The China Medical Missionary Association hopes that the home boards will fully realize the opportunity and responsibility that now rests with them in face of this new situation.

If suitable men are not forthcoming from the missionary societies the China Medical Board will be obliged to seek their own candidates. These men may be quite unobjectionable from a missionary point of view, still it is very desirable that doctors coming out for work under the China Medical Board have affiliation with some mission on the field. They should be missionaries with a missionary spirit.

Will you please bring the accompanying resolutions before the Foreign Missions Conference of North America and ask their careful consideration of the same.

Dr. N. Worth Brown of our Medical School in Nanking intends to be at your Conference in January, and we have asked him to represent us should it be necessary.

I remember with pleasure our association in the work of the general missions conference in New York. I am now in Shanghai, and if I can be of any service to you I will be glad to do anything in my power.

Resolutions adopted at a Meeting of the Executive Committee of the China Medical Missionary Association held in Shanghai, October 12, 1915.

Resolved, That we call the attention of the Foreign Missions Conference of North America to the unique opportunity and urgent need now presented to the churches to provide

medical men to fill appointments in the medical schools and hospitals at present being established and developed by the China Medical Board of the Rockefeller Foundation, and that we impress upon the Boards the very great importance of providing as soon as possible an adequate number of such Christian medical men, in order that these institutions, which promise to exert such great influence throughout China, may, from the beginning, be maintained on a thoroughly Christian basis.

Resolved, That the Foreign Missions Conference of North America be asked to co-operate in securing a suitable man who shall give his whole time to the work of finding candidates for medical missionary service in China, of advising them in their home preparation and of directing them to the boards of the different churches.

Resolved, That the Foreign Missions Conference of North America be further asked to make provision for the expenses of such a man and that he be instructed to work in the closest possible co-operation with the China Medical Missionary Association.

Resolved, That we call their attention to the fact that the work of the China Medical Board will make necessary in all our mission hospitals better equipment and a higher grade of general efficiency.

That care must be taken that the influence and work of our mission hospitals do not suffer, in the estimation of the Chinese, by comparison with the work of other agencies. That our hospitals must have men of the highest Christian ideals, thorough professional training and administrative ability, and that we suggest as helping to bring this about that when practicable, in cities having more than one mission hospital, the union of medical work under one administration be secured.

A. J. Bowen, University of Nanking. Office of the President, Nanking, China.

The most important problem in connection with this question is the financial one. Missionary medical work, hitherto, has been carried on at a relatively small expense, and from our modern, western point of view, with very inadequate and out-of-date equipment. I feel very strongly that the time has come when our mission hospitals and medical schools must have a far larger financial support, if they are to continue to do the splendid work they have done in the past. Standards, requirements and knowledge along all these lines have advanced wonderfully in China in the past five and ten years, and there is hardly a mission hospital in China that is anywhere near up-to-

date in its equipment, staff and management; and it will be entirely impossible for these hospitals to become up-to-date and efficient (measured by our present standards) without a much larger outlay of money. Where one physicians, with perhaps one or two very inadequately-trained assistants, handles from fifteen to twenty thousand cases a year with very little real nursing, it is absolutely impossible to do it scientifically and in a manner that would be tolerated at home. Here, in China, neither the city nor the government nor private individuals, outside of the missionaries, are doing anything for the dreadful sufferings that these people are constantly meeting in our cities in China.

C. F. Alsop, M.D., St. Elizabeth's Hospital, 3 Avenue Road, Shanghai, China.

1. I feel the need of more post-graduate study and training on my own part. 2. Lack of co-operation on the part of the patients. Many still consider foreign medicine as a kind of magic which ought to cure typhoid in one application over night.

I would emphasize that all mission schools should emphasize the subjects of (1) home hygiene for girls; (2) civil hygiene for boys; and (3) the courses in medicine and trained nursing.

The utter filth in which many Chinese live is the direct cause of much of the disease present. An educational campaign for cleanliness would be an immense benefit.

The patent medicine evil is exploiting the Chinese and undermining a reasonable confidence in foreign medicine.

The Mission Boards ought to realize that mission buildings ought to be sanitary, and not overcrowded; also the curricula of mission schools should be planned to conserve the health of the students. There should be medical supervision of all mission schools and students.

I think that the medical work has been too isolated in the past; it needs to be co-ordinated with the other appeals of work before it can accomplish the best results. In a land where plague, smallpox, cholera, dysentery, beriberi are rife, prevention and public sanitation are almost more important than at home.

Ellen M. Lyon, Foochow, China.

Our chief difficulty has been a poor building. Only one in the work, so too many other duties to be able to give full attention to the medical work. Now we have a good hospital nearly ready to open. It has been a detriment to have a building

poorly equipped. Most of the hospitals are such. The Boards have not seen the necessity.

Next, the so-called mission hospitals of the past *must be in the past*. The people travel and compare. We must be prepared to do good work in a hospital, its equipment and its medical men and women must be up-to-date.

CHARLES W. YOUNG, Union Medical College, Peking, China.

The medical colleges in China, like most of other missionary work, are very much undermanned. This means that a man must make himself do less work if he is to do the kind he was taught at home. There are those whose equipment are such that really good work is impossible and there certainly are those everywhere who are buried under the large amount of work that comes to them. Missionary periodicals like to publish the amount of cases seen by one man in a year. Some of these numbers run into the ten thousands; however, anyone who knows anything about medical work also knows that it is impossible that one man should see one-half or even one-quarter of that number and diagnose and treat them intelligently. In other words, it means "spot" diagnoses and guess-work treatment.

In out-of-the-way places that may be in a measure justified by saying that what is done is better than anyone else available could do for them. On the other hand, in the larger places, medical missionary work is going to suffer seriously in the future in its prestige unless it can do the best work, for it will have to meet an increasing competition with government hospitals and modern trained private practitioners. In other words, unless the standard can be improved, this part of missionary work which has been one of the most fruitful in its influences, will steadily decrease in power.

This brings up the question of standard for medical missionaries. The standards set by the best missionary societies are not too high. All candidates should be graduates of a college belonging to Class "A" of the American Medical Association. The doctors must be men of Christian character.

I believe that it is a mistake to try to make a doctor also a half preacher. If he is an earnest Christian he will want to take as active a part as possible in general missionary work, but if he does his medical work well he will have little time for formal preaching.

One very real difficulty is that often the body which votes on the needs of the medical work is composed of preachers who know nothing of the subject, and that the equipment of so many

so-called hospitals is such that a physician with an excellent training and experience soon loses his skill and "rusts" professionally because he has not the tools to do the work that he has been trained to do at home. Some medical men yield to the force of circumstances and deteriorate. The press of work prevents their keeping up with the march of events and by their first furlough they are hopelessly antiquated. In a word, the cry is for "more good men, and for more and better equipment."

The money needed for this is to be had. There are people outside the church as well as those inside who are not interested in the evangelistic side of missions, are willing to give and give liberally to medical work. There are two things necessary to appeal to men with money—show them that the work already done is intrinsically good, and that money invested in it will be well spent, not wasted. The fact that it is "good work" is insufficient. It must "pay dividends" on the money invested. There is such work in medical missions, and if one is to be honest, there is also work that will not stand scrutiny as to its efficiency. I do not mean that money is spent dishonestly, but I do mean that money, small in amount as it is, is not doing really good work. This means two things. Present work needs more careful supervision, and to bring what is good before the public at home, it needs PUBLICITY. That means that men in whom the public has confidence should investigate and report. These men must have the quality of sympathy, but at the same time of detached judgment. I believe that one of the best advertisements that missionary work has ever had, especially medical missionary work, is the report of the China Medical Commission of the Rockefeller Foundation. It is valuable because it was made by men in whom the public as well as the Rockefeller Foundation has confidence; because the men were fitted for the task before them and because they went about their work sympathetically and at the same time in the spirit of honest criticism. The report is not one of sentimental praise nor of denunciation. It represents the result of kindly critical investigation.. That is the first thing needed for making medical missions effective. The second is publicity and a campaign of education and solicitation based on such a report.

Eliza E. Leonard, Peking China.

Hospitals on the foreign field have never been sufficiently equipped and staffed. We have too much to do and too little to do it with, to do the work as it should be done.

To me it seems quite evident that the time is fully come for

the training of native physicians, men and women, on the foreign field. Surely we can never hope nor desire to meet the tremendous need with men and women from America and Europe. The most important need as I see it now is the proper staffing and equipping of medical schools both for men and women. These schools must be connected with *real* hospitals.

Much is being done just now for colleges for men and I would make a plea for the women's schools. The Chinese girls are bright, thoroughly interested in their work, and surely work in such a school with opportunities in hospitals ought to be attractive to consecrated young women physicians in America and Canada.

The work of training nurses in China is a very important and needy one. Educated Chinese girls are just beginning to realize the call here. If they are to be properly trained we must have a few thoroughly capable, consecrated trained nurses from home to conduct training schools in central localities. Girls from distant places can be trained in these central schools and return to do efficient work in training others in distant hospitals.

My plea is, let us train the Chinese and throw the responsibility on them just as fast as we can. We must, for a time, look to America and Europe for teaching staff.

Rev. Thomas H. Coole, M.D., Supt. Wiley General Hospital of the Kutien, China.

I am glad that some one is interested enough to agitate the thought of scientific oversight of medical missions.

1. My chief difficulties are that I have no assistant white doctor, no foreign trained nurse nor any appropriation for running expenses, equipment, or new construction. That, boiled down, means no money in the mission treasury for the hospital.

The sources of income are as follows: Contract practice with two other missions, out calls, sale of drugs, hospital and dispensary fees, special gifts solicited by doctor in the United States. This last is the main reliance, as it is a mountain town where the people are poor and the fees are only nominal, the sale of drugs small but growing and the contract fees to other missions are but nominal. This soliciting of funds must be done by writing at night, when one is tired out after the day's work in a sub-tropical climate. It takes away that period of leisure that would give the margin of rest requisite for the best work and does not leave time for study. At home on furlough this lack of money causes a great deal of time to be placed on money raising that might be better spent in post-graduate work.

I believe the time is urgent for the organization of medical auxiliaries to the General Boards. Said auxiliaries to be composed of doctors and others who are lovers of that form of missionary propaganda. One man of which would be in the office of each Board to look after the office and collecting, tabulating and disseminating information to the auxiliaries and to the general public. The duties of such organization would be to enroll the doctors of each denomination in their auxiliaries, the selecting of fitting candidates for the field, their proper training in those diseases incident to their proposed field of work, hospital training preceding their going out, when home on furlough directions and aid to pursue post-graduate studies. Also in consultation with the men on the field they could plan where to locate hospitals; the size, building plans, and equipment of hospitals.

If this could be brought about I am sanguine enough to believe that more and better hospitals would be built, manned and equipped, and cared for; that better results would be attained; and finally that this would be done without any loss to the general funds for the known philanthropic spirit of our doctors would be aroused to a field of work that they above all others most thoroughly understand.

I believe that the largest European Societies have been led to adopt such auxiliaries.

Appeal for Money and Supplies from the Wiley General Hospital of the Methodist Episcopal Church, Kucheng, Fuhkien, China

Friend:—Will you interest your friends, your League, your Sunday school, or your class to pack and ship a box to us? The following is a partial list of items always welcome. Add to it anything useful:

Writing and scratch pads, pens, pencils, envelopes, tags, school books, ink, typewriter supplies, post cards, blank books, mucilage, paint, lanterns, metal lamps, white and colored chalk, crayons, blank cards, lamp chimneys, burners, wicks, chapel wall clock, paint brushes, combs, blankets, towels, sheeting, cotton batting, remnants and pieces of all kinds of goods, stuff for three wing screens.

Your pins, safety pins, needles, thread, scissors, twine, buttons, old and new locks, keys and tools, galvanized iron buckets, useful hardware of all kinds, screws, nails, tacks, brads, hinges, rat traps, soap, hand and scrub brushes, photographic plates and paper from 5 to 7 down and material.

Handkerchiefs, cheap colored and white, tape, remnants and pieces.

Enamel ware: pitchers, trays, dishes, pans, etc.

Le Page's liquid glue, clothes lines, glass graduates and funnels.

Picture lesson cards and books, cluster rolls, pictures, picture wire, adhesive plaster, absorbent cotton, gauze, bandages, rubber cloth, water bottles, surgical instruments.

Ship direct care of Methodist Publishing House, Foochow, China. Or you may ship to either Montgomery Ward & Co., Chicago, or to the Missionary Secretary, 150 Fifth Avenue, New York City; they will give you the approximate freight. I will pay the duty and ship inland.

Be sure and make out a list of items and value for shipping purposes. If your package is small mail direct.

OTHER WAYS TO HELP

Kucheng is noted for its unique hand carved bamboo paper knives. They sell at from 10 to 25 cents. I send them in bundles of 50 and you can remit $5.00 in a New York draft direct to me.

$ 20 will support a medical student annually.
40 will support a chaplain annually.
40 will endow and name a bed annually.
500 will endow and name a bed in perpetuity.
200 will equip and name laboratory in the new building.
500 will give us a water supply. Water is now carried in buckets.
1500 will build us a contagious disease ward building.
100 will purchase a needed plot of land in front of our compound.

Write to me if you are interested and remember that it takes a five-cent stamp on letters.

W. H. Venable, M.D., of Kashing, China Medical Missionary Association.

My feeling is that the greatest hindrance a doctor has to confront out here is the large amount of non-medical work that is necessarily put on him, if he is working single-handed, such as the opening up of new stations, buying land, building houses, bookkeeping and letter writing. Every doctor should have a hospital, in order to do his best work, but he should have associated with him a business man to build the hospital, act as superintendent, hire employees, order drugs and instruments, do the bookkeeping and letter writing, etc.

There should always be at least two doctors to each hospital, and unless we are soon to have a large increase in our fully qualified Chinese assistants, there should be more than two. That a hospital should have one or more trained nurses goes without saying. It takes a woman to keep a hospital clean and the patients properly looked after.

I do not wish to disparage the medical mission work of the past. It is amazing to think what it has accomplished, considering the poorness of equipment, scarcity of assistants and other difficulties against which it has struggled; but I believe the time has come for making radical and sweeping changes in our work. These changes should be in the direction of consolidation or concentration. We have been spread out too thin. Better one good hospital than two poor ones, even if some town or district has to do without.

The Chinese are going abroad to study medicine in increasing numbers, and when they return to this country, will they not rightly feel a contempt for us, if we are not holding up the modern standards of medicine, aseptic surgery and hygiene? Do not misunderstand me. I do not mean to advocate making a fetish of ultra-scientific methods and forgetting that our work is practical soul-saving and life-saving, but I do claim that our soul-saving and life-saving can be made more effective by making it more scientific. We must increase our force of doctors and nurses or we must cut down the number of our hospitals. We must also advocate more insistently the necessity of having a business man connected with each hospital.

The most effective line of inquiry would be to send out a committee of earnest, sympathetic *medical* men to visit every hospital in China and other countries and study the needs of the medical work. Of course this plan is a very expensive one. The China Commission of the Rockefeller Foundation has done valuable work along this line, and some of the *facts* they have gathered will prove of the utmost service in investigating this question, but one cannot agree with all of their *conclusions*. Besides, they do not go into all the questions that have an important bearing on our work.

The work of the Rockefeller Foundation is going to have a tremendous influence on our medical work in China. It is in the hands of a fine, earnest set of men, most of them Christians, but a great deal of wisdom is needed to avoid making vital mistakes in such a big undertaking as this. The China Medical Missionary Association is composed of practically all the medical missionaries in China (about 500). We have a biennial

meeting at which we get an average attendance of about 100, and we publish The China Medical Magazine bi-monthly.

W. H. Park, M.D., Soochow Hospital, Soochow, China.

The chief difficulty in the way of attaining my aim as a physician is the lack of money. Our buildings are old and utterly inadequate, money would give us good buildings. No need of a commission of inquiry about space, etc.; that has all been settled by competent physicians and architects and the plans are all drawn. We need equipment—and money would buy that, and we know what we want. We need assistants—and money will bring them. We need houses for our assistants to live in, and we have the land ready for the houses, but no money.

For years and years I have had to run the hospital and raise the money to run it with, and it is up-hill work, and yet I ought not to complain, for the Chinese are generous and I get plenty from them to run what little work I have all right. And for this I am thankful.

Am trying to get money from the Chinese now to build a new hospital in honor of my sixtieth birthday. Have $8,000 on hand and more coming in nearly every week, and if I live long enough may get the new hospital.

Mary H. Fulton, Canton, China.

(1) The indifference of the people at home. We have proclaimed our needs from the house-tops to apparently stony hearts. If millions could be sent to Europe for the needy, they could have been sent to Asia to give aid to unsaved millions.

(2) Work on the same lines, with the same deep love and sympathy as you have for the great war. If soldiers need Testaments, *much more* do those who have never had them.

Charles K. Roys, M.D., Weihsien, Shangtung, China.

It seems to me that the aim of the missionary physician is four-fold: To make our work recommend Christianity, to make it medically efficient, to make it contribute to medical science, to make it self-perpetuating by training men qualified to train others.

Each of these aims has its obstacles, due to personal limitations, and partly to outside conditions. It takes Christian character to recommend Christianity, and very few of us have a surplus of that. It takes good doctors with a *good equipment* to secure medical efficiency and to contribute to medical science. One of the greatest hindrances to medical efficiency is the policy

of isolating medical men, and spreading out our medical work so thin that it is not worth doing; in that it disappoints the people whom it is intended to help. Finally, medical education demands organization and union, instead of individualism and sectarianism. Most medical missionaries are keen to get together, but can go no further than their supporters at home will allow.

The best line of inquiry which I can suggest for the benefit of medical work is one which will better co-ordinate the efforts of the home churches, and eliminate competition among hospitals and medical schools.

E. Witt, M.D., Hungkiang, Hunan, China.

Thank you so much for taking interest in our medical work. I hope and pray God will richly bless your efforts in helping the medical missionary work to prosper, and abundantly use for this purpose the Foreign Missions Conference of next year.

I feel keenly the lack of interest in the homelands and consequently a very great lack of funds, compelling me to do only very little medical work, because I have no proper hospital, and the one room for dispensary work is not at all sufficient. Our entrance fee has to be comparatively high. Had I funds, I could be cheaper and many more people would come for help. Nearly all the expenses of our medical work have to be covered by the patients, who, generally speaking, are very poor. If I had a small but comfortable hospital, I could have plenty of in-patients, especially slaves of the opium habit, instead of very few who are now living in a small hut, which is very hot and close in summer and cold in winter. In spite of these difficulties, the spiritual outcome of this small amount of medical work is quite encouraging. In both years of my work here a good proportion of the inquirers have been interested by medical work.

C. A. Powell, M.D., Mission Hospital, Chao Hsun.

I am just starting a new work which is not in full operation yet, so cannot speak as an older man could. My chief difficulty is financial. I have a fine community to work in, of the middle class with many upper class. They show a very receptive mood and are friendly to me and my work.

My nearest central hospital is sixty miles distant, a day's journey on a Chinese boat. If I possessed a good power launch I could handle the situation still better by running more serious cases to the next hospital, which is larger, and thus have another foreign doctor to help. But it would require a strong

craft to stem the river, which is very swift. I could then make the trip and back in a day. Finances prevent my securing this. Such a launch would help unite our two hospitals. I also need an electrical plant, as there are no electricity, ice or other conveniences here. Medical education is new. The language presents a big difficulty. All our hospital work should be done with the best equipments to be had, on a par with home.

JOHN A. SNELL, M.D., Soochow, China.

Much of our medical work has been a mere pretense at the work and so many have contented themselves by giving the natives something better than the native quack gives them. I am thoroughly convinced that we must give the Chinese a better grade of medical work. We must establish high grade medical schools, build and equip and man modern hospitals, all in the name of Christ. We are all working under a great handicap out here because we lack hospital facilities and equipment and help.

Our work is decidedly deficient in quality because each man has more than he can do, lacks proper facilities for doing the best work, lacks proper help in the way of colleagues and trained nurses.

Our work is more than self-supporting, excepting the missionaries' salaries. This past year there has been nearly enough surplus to equal that. This surplus is used for extension and improvements.

W. W. CADBURY, M.D., Canton, China.

1. The following obstacles to work as I see it in China may be enumerated:

(1) Lack of enthusiasm of medical missionaries and friends in regard to a high standard of efficiency for medical education and hospital work.

(2) Lack of interest in research.

(3) Tendency to consider medical work as only a means and not an end.

(4) Lack of well-qualified Chinese doctors.

(5) Effective hospital equipment.

In regard to your second question, as to what suggestions for improvement of these conditions might be made, I would offer:

(1) That each missionary board carrying on medical missionary work have a physician on its board of directors.

(2) That more publicity should be given to medical missionary work by both missionary and non-missionary organizations.

Geo. W. Leavell, M.D., The Stout Memorial Hospital, Wuchow, China.

Replying to your circular letter regarding mission work in the medical field in the foreign lands, I beg to offer a few brief statements of what seems to me to be ou greatest need.

Our greatest need today is not the highly equipped and richly endowed medical school. We have a number of fairly good colleges about us that turn out every year a class of men and women graduates who go out in practice and into our mission hospitals and do excellent work, but their real training comes after they get into the hospitals and at the bedside. What we need is better equipment and better hospitals in which to do our work. Give us buildings and equipment sufficient to meet the demand and we can increase our efficiency as missionary doctors in a large proportion.

The time has come in China when we can no longer do on make-shift and temporary measures; we must have the best. The Chinese have a keen sense of appreciation and are beginning to know when they are getting the best that is to be furnished. They are demanding better drugs, better rooms, better attention from the nurses and physicians and better surgery. We cannot furnish the best without proper working facilities about us and better tools with which to work.

Another great need today is for well qualified men to come out to take up the already established work. The specialist has little place in the medical work of China. What we need is the all-round man who can apply himself in the clinic, laboratory, bedside and in the operating room.

I should say, then, that the greatest difficulty we have in meeting our ideals as physicians is the handicap that is placed upon us by asking us to do scientific work in buildings poorly equipped. Many so-called hospitals are merely old residences converted into use, that have no sanitary arrangements and can never be made hospitals.

Press our needs in every way possible in the homeland. What the people need at home is INFORMATION concerning the medical work in foreign lands. Gather concrete cases, advertise the work in every possible way and there is sure to be a hearty response to meet the pressing need.

Our work is entirely self-supporting here except the salaries of the foreign physicians. We are partly enabled to do this by the compensation coming from the Customs Surgeon, which position I hold in this port. We have not been able to furnish and build properly from what we receive on the field.

E. Margaret Phillips, St. Paul's Hospital, Kai Feng, Honan.

I have worked for nearly ten years in China, but only two years in my present station, and our hospital has only been opened for six months.

My chief difficulties have been (1) Inadequacy of staff. I am the only physician with a temporary foreign nurse. I am obliged to attend to all matters of general and domestic routine. I have no colleagues to consult, no one to whom to turn for advice. I have so much secretarial work, letters, reports and accounts that I have no time for professional study. (2) The attitude of the Chinese. There are innumerable superstitions connected with disease which prevent their seeking aid in time to obtain cure or relief.

I would suggest an inquiry into the attitude of the Home Boards toward medical work. Are they whole-heartedly in sympathy? Also the attitude of the evangelists in the field. There is a lack of cohesion between the medical and purely evangelistic work of the mission, due to lack of co-operation, and misunderstanding of medical methods. Medical missions are failures because there is little or no "follow up" work carried on. The medical missionary may be ever so keen, but *one* physician cannot do it all.

W. H. Dobson, M.D., Yeungkong, S. China.

There is no doubt but that there is much hand-picked fruit in the hospital and dispensary, which could be doubled if the work was properly manned. The personal influence of the physician is narrowed through *lack of assistants*. With two foreign physicians at each mission station the influence of the physician would be trebled. With one man tied down to a single spot it is only those who come to him that are benefited. Could he, having a base hospital, pass through the country healing and preaching to those who never heard, it is manifest that hundreds and thousands out of the clerical man's path could be reached.

The solitary physician must spend a great deal of his time over petty details which leave little time for thought on more important general questions.

An efficient staff of native helpers able to assume responsibility is more nearly possible today than twenty years ago. With sufficient funds petty details may be eliminated.

There is little time for research and study; two men to each branch hospital would clear up this difficulty.

The solitary physician has to stand aside and see his more

fortunate brethren who have colleagues carry through research studies, attend conferences and meetings, and be sought in medical and other councils. This matter of being tied down through responsibilities to local foreign missionaries and native work, with no one to share the burden, is a killing business.

The physician should be given opportunity to learn to write the local language. This is especially true in China.

Again, the physician is hampered with a lack of capital. In my own case, after twenty years of a growing medical work with nominal fees, run for the sake of inviting people to come where they can hear the Gospel, the appropriation from home is about $300 U. S. Gold, and a native contribution of $300 Gold. The nearest hospital is one hundred and fifty miles away.

Lack of consultation in the isolated hospital is a crying evil, and the cure is two physicians to each institution so situated.

As for the proper distribution of hospitals and dispensaries, it seems to me there should be a central up-to-date plant at the large centers or metropolis, branch hospitals with two physicians at the smaller cities and out from these latter a cluster of dispensaries situated at the market towns.

As to publicity at home, I would suggest more articles in the medical journals, and a bulletin collecting facts such as interesting cases, incidents, needs, opportunities. This latter should be in a small terse form which could be read in less than five minutes and could be sent out say once a month.

FRANCIS W. GODDARD, M.D., Shaohsing, China.

My chief difficulties in attaining my aims as a physician have all arisen from two sources: lack of money and lack of trained assistants. This second difficulty might be partly included under the first, but not wholly at the present time, for though foreign trained doctors are increasing in numbers, they are still not nearly enough to meet the demand, and such other assistants as trained pharmacists and nurses are almost unknown. But the deepest need is a moral one. To find among the men otherwise properly qualified those that will stand up when left to themselves against the temptation to waste if not misuse funds, to have regard to the rich (for a consideration) and not to be harsh toward the poor and outcasts is not easy.

Owing to the lack of an inadequate staff, I am trying to do too many things, with the inevitable result that the medical side is neglected; the work of the superintendent and treasurer demands attention, while study and research have no voice of their own.

Specifically, aside from what I have already mentioned, my chief difficulties have been in the securing of supplies, and in getting laboratory aids to diagnoses. In some centers various hospitals have formed a central purchasing committee, and I think that may later be done here. Would not an international committee be possible? One that is familiar with the needs, and in a position to buy in the best markets. I want a certain instrument, but have no doctor friend to trouble with the commission, and someone may get the thing wrong. An international purchasing committee could not only take advantage of specially favorable conditions in the market, but by purchasing always in large quantities could doubtless save thousands of dollars yearly for the missions.

My second main difficulty is the lack of an adequate library and laboratory. We expect that in this center these difficulties will soon be met as far as possible by the work of the Rockefeller Foundation, but there are other places even more remote from large centers than this whose need in these directions has no immediate prospect of being provided for.

In China I think the time is ripe for enlisting the co-operation of the Chinese in the financial support of the mission hospitals, and believe a consideration of the best means of co-operation so as to give them a real control in the institutions while at the same time conserving the Christian character of the work for the benefit of the missions would be valuable.

It is time for mission hospitals to lead the way in welfare work, public hygiene, etc. Lectures, posters and tracts in great numbers as well as articles for the press should be everywhere available. Such work has just been inaugurated by the China Medical Missionary Association in a formal way, though there have been individual sporadic efforts all along. Such work as has been done at home against tuberculosis, malaria, yellow fever, etc., and against mosquitoes and flies in particular. It might not be possible to reduplicate this exactly in the mission fields, but if reports of it, together with pictures and charts, were made easily available to the mission doctor, doubtless much more would be done than has been hitherto.

Somewhat related to the above is the opportunity and therefore the duty of developing a close relation between the mission hospital and the public schools, especially of the higher grades. I believe the doctor would be welcomed as a sort of physical director, and if so he would have an unlimited opportunity not only of improving the physical health of the rising generation, but of influencing them for Christ as well.

I believe that it might be of great help in getting the facts of

medical missions before the medical profession and special givers at home, if there could be some clearing house at home for all reports from the field, someone who has the gift being appointed to write up suitable material in proper form and put it in the daily press. The things we have to say ought to have a different circle of readers from that of the religious papers, and I feel sure would be gladly taken by the daily papers if put in the right form. There would certainly be great value in gathering together in accessible form and place the striking experiences of our work.

J. McF. Gaston, Laichow, Shangtung, China.

1. (a) Customs and prejudices to be overcome. (b) 1. Competition of native practitioners (ignorant and unqualified); 2. Bogus treatment in temples; 3. Immense sale of foreign medicines by unqualified persons (natives). (c) 1. Lack in equipment; 2. Need for isolation quarters. (d) Need of a colleague with special training in eye, ear, nose and throat, and bacteriology. (e) Need of a foreign trained nurse to direct schools of pupil nurses in the two hospitals. (f) Need of a qualified dentist.

Fred. H. Judd, M.D., Jaochow, Kiangsi, China.

Chief difficulties—short-handed, i. e., till recently no colleague. And one's own incapability to do the work as it ought to be done. There are only three hospitals in our province.

Richard Wolfendale, M.D., Luchow, W. China.

(I) One's chief difficulties in attaining one's ideals, aims, as a physician are (1) excess of patients, both in-patients and out-patients, and one hates to turn them away!

(2) Disease so far gone that recovery either by operation or medical means is impossible. In the former cases one must just refuse to operate, in the latter give remedial or palliative drugs.

(3) Unpunctuality and lack of trust on the part of the Chinese. They will not attend to explicit directions as to diet, medicine taking, baths, etc.

(II) To strengthen the medical work: (1) "Man" every existing medical hospital with at least two doctors and two nurses. (2) Union missions hospital. (3) Union medical schools.

By *Union* I mean where three or four China missions should join, not simply *two*. Absolute necessity for establishing medical schools all over China, "union" of course, and so reproduc-

ing a thousandfold our work of healing in our Chinese assistants and their patients.

(4) Equipment up to date, viz., an up-to-date operating room, up-to-date buildings—brick and airy; enamelled iron beds, etc.

(III) There are two—one at Chungking and one at Chengtu. Basis of supplies—or own mission agency at the latter place, or failing this purchases can be made in Shanghai.

At Chengtu there is the very efficient medical section of "West China Christian University," with a fine teaching staff of medical missionaries from three or four missions. As related to other educational work, the medical has its own sphere not antagonistic to evangelistic, educational, Y. M. C. A. or itinerating, but co-related. All the teaching in Chengtu University is done in *Chinese,* and rightly so, to my way of thinking. "Chinese for the many, English for the few."

There is a good suggestion that all hospitals in China might be built of a certain pattern, smaller and big, as it is to be in a populous area or countryside. Diagnostic, operating, drugs (pharmacy) outfits, of course, should be of the very best, and of such a build as to be removed from one institution to the other if needed.

In Suchow there are few or no foreigners besides missionaries, so no hope to get along with fees from them. Of course Chinese help by subscriptions, and in many cases in China right royally. Our mission as yet, for we are a young mission, does not countenance special gifts for special work, like the older World-wide Missionary Societies. Maybe will have to come to it by and by.

The story should be told of especially interesting "cases" and operations performed, hence the value of our China Medical Journal.

Religious experiences in the hearts of the inpatients would form a deeply interesting volume, viz., the confirmed opium sot turning to God; the idol worshipper whose faith in them is shattered though hospital prayers and the hospital evangelist's preaching; the moral Confucianist pitted against Christianity, etc.

Edgar Thompson Shields, M.D., Yachow, West China.

1. *Insufficient* time to do all well that *seems* to be required of one man on a frontier field.

Lack of sufficient equipment to do best work.

No trained helpers—*sufficiently* trained to trust responsible work to.

2. Securing trained native men, M.D.'s from reputable schools to be associated with the missionary in his work. If the men cannot be found locally, send and bring them a thousand miles or more if necessary; need not be local men always.

Can get medical supplies at Chung King, 500 miles away, or Chengtu, 100 miles away, in a pinch, but generally send to England, America or Shanghai one year ahead.

About three-fourths or more support comes from America; less than one-fourth from field.

Stephen C. Lewis, Chenchow, S. Hunan.

I do trust that the Conference may be a very great help to medical missions, for I feel they are not doing all they might do. Part of the blame is rightly placed at the missionary's door. I know of no doctors who are not thoroughly in sympathy with the evangelistic part of the work, and who are not using such agencies as daily prayers, ward preaching, personal work, themselves or through native evangelists and other workers.

I have been striving to get my hospital in something like the running order of the home hospital, and I have about concluded my chief difficulty is lack of equipment and even more needful a lack of trained help. I have managed to get a fair equipment for the common ordinary work, but if I am to do efficient work in eye, ear, nose and throat specialties or in abdominal surgery, or in orthopedic surgery, in which there is a wide field here, we must have equipment, and our funds will not permit us to have such an equipment. $1,000 Mex. with an equal sum raised on the field, largely through the sale of medicines, will not keep a hospital of 70 beds and 1,000 dispensary patients in medicine and supplies. It takes nearly one-third of the entire amount for duties and freight alone. All the doctors I know have little knowledge of the real duties of a well-trained nurse. I have the past year been doing my very best towards training a small class of nurses, and I find it most difficult with all my other work; besides, I am not fitted to train nurses, as a trained nurse would. I have often looked at my operating room or instruments or store room, or wards; in fact, any part of my hospital, with a sick heart. I knew it was not as it should be, and yet I was not able to put it in order or train men to do it as it should be done. I know some hospitals who have a foreign trained nurse, and doctors have told me they absolutely could not get along without them. I do hope our board will soon see or at least give this matter very careful consideration. I can think of nothing that would add to the

efficiency of our work as a well trained foreign nurse. It's a large work and so important and is not being looked after in any proper sense, as it should be.

We doctors have laboratory work, operative work, evangelistic work and many other things that are often neglected—work properly belonging to a nurse. Our nearest basis of supplies is Hankow, but being able to get better prices and a much better selection of goods in Shanghai, we usually buy in Shanghai. This requires from six weeks to two months by freight or a month by mail, and is most expensive. There is the China Medical Association, which publishes a journal and has a triennial conference. This journal is often very helpful, giving many useful suggestions. The China Medical Association has decided on certain central medical schools and any organization of the work thus far has been by them. And a number of good medical schools are started, which do not seem to have any connection with other educational work.

If the actual needs of individual hospitals stated clearly will not appeal to medical men and special givers, then nothing outside of coming and seeing the actual work and needs will. I attended one of the China Medical Conferences held in Shanghai in 1907. It was very helpful in giving a broader view on many subjects, such as the evengelistic work of the hospital, buildings, laboratory work and co-operation in all our work. I have myself in building and equipping my hospital tried to comply with the rules and regulations governing our hospitals at home, in so far as they were possible and practicable. Our field receipts amount from $1,000 to $1,200 Mex. a year, and we receive $1,000 Mex. from home, nothing from private practice. It's not sufficient. I am always short in supplies and pulling my hair to know how to make ends meet. It's truly harder on my nerves than any other part of missionary work. I see no reason why unique and especially interesting experiences should not be gathered, although I confess they do not always represent the true status of things, for many who have the very finest experiences and most unique cases are least able to relate them.

Dr. Allen C. Hutcheson, Kashing, China.

The multiplicity of duties which devolve upon the medical missionary make hard the attainment of the highest professional standards in the conduct of a hospital in the mission field.

The lack of the best equipment for work, such as an X-Ray apparatus and other appliances of a modern up-to-date hospital in the home land.

Insufficient staffing of hospitals, especially the need of foreign trained nurses. These latter are most important. It is almost impossible to do work of a high standard without the assistance of a foreign trained nurse.

The need for more foreign trained native physicians and assistants.

As a fundamental need of the whole medical missionary enterprise stands the need for more and better equipped medical schools, whether teaching through the medium of English or the local vernacular.

There is no more vital interest than this of the education of young Chinese physicians, and in my opinion more men and money should be put into the staffing and equipping of our medical schools for China before any new medical stations are opened.

In presenting the needs of medical mission work, it would seem important to me that it should be presented, not as isolated hospital reports, or isolated incidents of the work, but it should be presented in its comprehensive work and plans. For instance, the work that the China Medical Missionary Association is trying to do. The fact that this association is employing a man to study the whole field and so correlate the various hospitals that there shall be as little overlapping and loss of efficiency as possible. That they are undertaking the work of educating the Chinese in matters of hygiene on a large scale, by means of lectures, of health pamphlets, picture postcards, etc.

That more hospitals are organizing training schools for nurses, men and women, than ever before, and that there is more interest in medical education for the Chinese taken by the best classes of Chinese themselves.

W. R. Morse, M.D., Chengtu, Sze, West China.

My chief difficulties are:

Lack of time for careful scientific work.

Lack of medically trained native associates to look after much of ordinary routine, medical and surgical.

Lack of scientific instruments and equipment.

Lack of nurses (foreign) and native to facilitate smooth running.

Lack of laboratory facilities.

Lack of special education along line of research.

Lack of efficient evangelistic work in hospitals by men trained in such work.

Lack in "following up" patients.

Suggestion:

Shorter term of service.

Compulsory study and attendance as interne for at least six months every furlough.

Miss F. J. Heath, M.D., Peking, China.

Answers to Questions.—My chief difficulties in attaining my aims as a physician are:

My own lack of preparation.

Inability to stick to my aim because of press of outside duties—accounts, business management, etc. Too many kinds of work to be done.

Lack of sufficient trained help. This lack is being overcome very rapidly.

Ignorance of the people—often preventing use of the most efficient means for cure.

What is the minimum force for efficient work in hospitals of 30, 50, 100 beds each? What has been the increase in efficiency on the addition of a nurse? Of another physician?

Ernest D. Vanderburgh, M.D., Siangtan, Hunan, China.

My chief difficulties in attaining my aims as a physician out here have been: (a) the lack of a foreign nurse to superintend the help and to teach them from day to day as to how a hospital should be run. At present we have to do the whole thing ourselves, and since we have to employ untrained help, because of lack of funds, we are necessarily handicapped.

We have been allowed to have the necessities only as far as our field receipts would buy them. For example, take our hospital. For several years we received less than $300 gold for everything from home. I was able to get $500 Mex. ($250 Gold) or thereabouts from other sources, including all the private practice and fees of all sorts that I could raise. You can see that with such sums as that, we could not make much of a showing. We now have $1,000 gold to run the hospital on. With this sum to run the hospital in what I call a semi-foreign style. But not at all like a home hospital, e. g., we cannot afford hospital clothes except for a few of the poorer patients. We cannot afford bedding for all, only for the poorer. We cannot afford mosquito nets for any of the beds. So you can imagine the dirty and clean nets, some black and some white, scattered over the room.

When we operate, very often one of us has to give the anaesthetic, as we have no one whom we can trust to give it, except the first assistant, and generally his hands must be kept

sterile to handle the dressings and instruments which he has boiled. Sometimes we have a servant give the anaesthetic or a student, but we have to take the responsibility all ourselves.

In our mission it is very difficult to keep with us the medical assistants which we train, because they can get so much more in secular work, e. g., at the collieries or in private practice. We believe that our medical students should receive not more than the theological students on graduation. It may be that we are technically right, but the result of this belief is that we love our students.

One of the chief items of expense in having a really clean hospital would be a laundry. At present we have to depend upon each in-patient to wash his or her own clothing. We only wash the special part we must wash for operation and dress.

For mattresses we use mats of straw between two pieces of matting. When they get dirty, they are burned.

We are only able to accommodate a relatively small number of well-to-do Chinese, as they like a room to themselves and a place near by for their servants. Most of them absolutely refuse to go into the general ward with the common people unless they absolutely have to come for operation. So you see we need wards for the well-to-do. We also need tuberculosis wards.

(b) The superstitions of the people, e. g.: I was called yesterday to see a man who had fallen from the second story of a new building, a workman. He needed surgical attention in several different ways, laceration, broken bones, bruises, bleeding from ears and nose, but when I got there the head shopkeeper didn't want me to move him and had changed his mind. He had been persuaded by others to use red earth and chicken skin from a live chicken probably.

The work here is comparatively new, about twelve years old. I performed the first major operation here under an anaesthetic about twelve years ago. But since so many come to us each year I was surprised to find a man so determined in his way. But in two or three days he will be over here, because they all do come after the flies get busy and they have to come.

There is no public hospital nearer us than Shanghai. There is one in Hankow, under the auspices of the Roman Catholic Church, which is patronized by the community people, and which some like to speak of as a public hospital, but it is not. The nurses are the sisters and nuns.

We have to send to Shanghai Dispensary for any supplies we have forgotten to order from U. S. A.

The Yale Mission is going to start a medical school in Chang-

sha in the near future, they assure me. The medical work and education goes hand in hand with other educational work. We have just spent a week working down in the largest temple in town, teaching the common people preventative medicine, care of the baby, nursing, about germs, consumption, showing them water bacteria, alive, under microscope, etc. We also give lectures in the mission schools.

In a town of over 700,000 people, such as Siangtan, e. g., we need a much larger hospital, more floor space, rooms and beds than in the smaller towns. The pharmacy and supplies would also vary, while the diagnostic and operating outfit would be much the same.

Our receipts are $1,000 gold from the U. S. A., $700 to $1,200 Mex. locally and about $300 Mex. from private practice.

John H. Kerns, M.D., Taianfu Men's Hospital, Shantang, China.

Answers to Questions.—One good way to promote the medical work is to have a few physicians and business men, who can afford it, come to China and inspect our work, then go home and work for money.

My chief difficulties have been:

(1) a. Securing funds for suitable buildings; b. Finding time for reading on medical subjects, and for thoroughly working up cases; c. Absence of colleagues with whom to consult and from whom to draw inspiration. It is mighty easy to get into a rut and stay there.

About thirty per cent. of our income is local and seventy per cent. from foreigners. No private practice.

(2) In medical missionary work, especially in China, I should say that all possible emphasis should be placed on medical education during the next few years.

E. C. Wilford, M.D., Tzeliutsing, West China.

The medical work here has been going on for less than three years. I opened the work right after the Chinese Revolution, and have had a large work, but rather limited facilities. A property has been bought and a foreign dispensary, with about 40 beds upstairs, has been built. The hospital proper had been nicely started when we had to stop work on account of the war. We have got busy collecting funds among the local gentry and we have good prospects of raising quite a sum, and proceeding with our building.

Our plan is to have a $25,000 plant here when completed, with accommodation for over 100 in-patients, a staff of two doctors and two nurses (foreigners) besides native assistants.

One thing that troubled me a good deal at first was the isolation—only "one piecee man" to do all that came along in medical and surgical. This isolation, together with inexperience, is very hard on the new missionary. So it would be very advisable to have new medical missionaries stationed in a medical station where there is one or more other doctors in work.

There is another hospital one day's journey from me and a supply depot about six days' journey away.

Last year a new medical college was started at Changtu in connection with the West China Union University. Our hospitals, dispensaries, wards, etc., are called after special givers. Also have direct correspondence from the medical missionary, although this is quite an extra burden on the already overworked medical missionary.

The most of the ordinary current expense is paid for by fees and local subscriptions. The drugs and instruments as well as doctor's salary is met by home grants.

FRANK F. ALLEN, M.D., Jenshowhsien, Sze, China.

My chief difficulty in the past has been lack of time for medical work. Between building operations, conferences, committees, etc., one gets but little time for direct medical work. Another serious difficulty is the lack of trained nurses, both native and foreign. When the office door closes all work stops till it opens again.

In a large hospital it seems to me it would be wise to have a superintendent, not a medical man; to do good medical work requires the full time of the doctor and to attend to details requires the full time of some one else, a pharmacist or nurse could do most of it. It seems impossible to get native men who can stand the test, financially, of a hospital. Christian native medical men will greatly help to solve this problem.

Our Chengtu Union Medical College has just opened, but it will require upwards of ten to twenty years to get fruit. Our greatest lack is men, and next is men with the language. It is certainly of great advantage to have a medical man and small hospital in every central station, to look after the native Christian community to say nothing of the non-Christian.

Floor space can be much less than in America as ventilation is not a problem in many mission lands. Good iron bug-proof beds lighten the duty of the usually over-busy foreigner. Private rooms are needed in every hospital.

The average doctor has little time for elaborate diagnostic apparatus, but if he is a surgeon at all he should have a colaborer or at least a nurse and a well-equipped operating room.

The greatest lack in China is the absence of Chinese doctors. Every effort and even sacrifice of doctors in smaller stations should be made to that end. Expensive foreign buildings are not a necessity to good work; too many doctors are wrecked in their buildings. Send builders.

Emilie Bretthauer, M.D., China.

I am glad to see that the subject of medical missions is to be taken up in a serious way, for the subject has been sadly neglected.

In China I find no matter where I go that the need for women doctors is very great, as well as for women's hospitals. In the whole province of Szechuen there are only three women's hospitals and one of them has only twelve beds.

My suggestions are:

More on the staff, and more equipment.

Find out the need for trained men and women, both doctors and nurses, and the need of properly equipped hospitals and medical schools.

We have no central hospital, supplies come from home, though there is a drug store in connection with the Methodist Mission at Chungking about 500 miles from Suifu.

In Szechuen the Chengtu Medical School opened last year, it is a part of the Union Changtu University. To know the difficulties would refer you to Dr. Beach who is now in America.

Have attended a conference while in Hanyang when it was held in Hankow just across the river. Too busy to get away to any others. Found it very helpful.

A little more than half of the money is received locally. No private practice.

Wallace Crawford, M.D., Fowlinghsien, Sze, China.

Every physician aims at efficiency, the chief difficulty lack of time. Before I closed work to build our new dispensary and temporary hospital, I was seeing from fifty to seventy patients daily, six days a week. Anyone with the least professional training, will know that it is impossible to see that number of patients and do efficient work. You cannot do justice to forty per cent. of them. Ninety per cent. of the patients are benefited by the call, and the rest, if not successfully treated the first time, are benefited by successive calls unless beyond repair. But to see anything like this number of sick, converse with them in their native language, which is not easy to any of us, denies us the opportunity of doing

the work effectively, even if we do help the great majority of those we meet.

This station is one hundred and fifty miles East of Chun King, and the centre of a district of one hundred and thirty two market towns, with an aggregate population estimated at one million two hundred thousand, to which should be added the territory to the North, South and East, making one doctor the only means of medical assistance to about four million of people.

As long as the Missions of West China deem it wise to keep a medical missionary at this centre without any more assistance than at present and without any more efficient equipment, just so long will we see it our responsibility to minister to as many of these four million souls and ailing bodies as can crowd into our dispensaries daily.

There are other difficulties, as inefficient assistants, inadequate equipment, insufficient means, lack of co-operation, and of opportunity for post-graduate work.

With regard to the lines for strengthening the work, the following might be some of the questions discussed.

1. The feasibility of closing many stations now opened for medical work, calling in those workers to central stations for more concentrated, efficient, united work and for teaching native students.

2. Let no more one man hospitals be opened, and none which cannot be fully equipped and systematically operated. There is too much latitude allowed in the average Mission hospital.

3. Equipment must not only mean drugs, instruments and furnishings, but also a staff of nurses sufficient to cover furloughs, teaching and managing the hospital.

4. Every opportunity given the medical man to seccure the language, and also times allowed for prolonged study of same, his vocabulary is one peculiar to his profession, as in the case of a pastor or educator.

5. The uniting of the medical men in centres might be organized.

6. Committees appointed from such organizations as the above mentioned, appointed by the China Continuation Committee, to investigate the best hospital and dispensary plans,—most satisfactory and reasonable hospital equipment manufacturers,—the best and most efficient and practicable drugs for use among the Chinese and where to purchase them.

A proper system of recording everything pertaining to dispensary patients and hospital in-patients. Today every man

follows his own bent, and it is hard for another to take up the work where it is left off without a long term with the retiring Doctor.

If a uniform system was worked out by a committee, it would simplify the work of the individual doctor and also aim at efficiency for the whole of West China.

PERCY T. WATSON, M.D., Fenchow, Shansi, China.

The first condition of efficiency is the desire to increase efficiency and faith in the scientific methods that if we rightly analyze our problem and meet the conditions of our environment our results are as sure as that two and two make four. A conference which would help to bring out what are the problems and purpose of medical missions and then what are our possible available resources and how they can be applied to bring the greatest returns for our investment of time, money and energy. Some things which I would like to hear discussed are: Medical research, using the material available in mission hospitals and dispensaries. Some details as to card catalogue methods in preserving material for investigation, etc. Medical education in training Chinese doctors, nurses, etc. Possibility of training Chinese mid-wives as in England. Medical education in preventative education, sanitation, etc. There are many methods of carrying this on, and some details would be a great help. For example, education can be carried on in simple ways and still be very effective. In diseases of the eye for example, one of the most opportune times to educate the people is when the child is brought to the dispensary hopelessly blind because they let a severe conjunctivitis go untreated for a month or more before coming to the dispensary. These people often come from long distances with great hope of being cured and most everyone in their village knows they have gone, and all await the result, having heard of blind cataract cases being cured. There are always many bystanders and that is the most opportune time for a talk on the prevention of blindness by early treatment of conjunctivitis. The example of hopeless blindness before them forces home the teaching as no amount of printed literature would do.

Medical organization and administration would be a large and very useful topic. Here I only wish to mention one side so that the Chinese of the city where the hospital is located, feel it is their institution. Again in other ways the medical work can gain the endorsement of the local authorities. For example, I have been told by leading men of Fenchow where I am located, that if the Mission organized a school for Chinese

mid-wives it would be only a short time before no Chinese mid-wives would be allowed to practice without a diploma from our school.

Among the many items which might come under the head of the evangelistic and social service of the hospital I would like to mention first the choice of men who do the medical work. From this standpoint a physician or Chinese assistant who can always be patient and readily adapts himself to the view point of the Chinese patient is worth a dozen who cannot. It is a big problem and I would like the help of others on this point very much.

The second point would be how the hospital can be made to serve all other departments of mission activity. For example the two towns where the evangelistic gains were greatest in our mission last year were two where the Chinese teachers and preachers made the best use of the hospital. Hardly a dispensary day went by that one or both of these men were not there bringing several sick from their towns.

The third point has been well illustrated in Dr. Cabot's work in organizing social service in connection with a Boston dispensary. One of the examples was a working girl who had repeatedly come to the dispensary for headache, and had every variety of treatment without improvement. The social worker looked up the case by calling and found that she was sleeping in a small closed-up room with several other girls. There are always two diagnoses necessary in every dispensary; the first the diagnosis of the disease and the second the diagnosis of the patient's mental and spiritual problems. This takes more time than is usually given to dispensary patients, and is a very important problem to solve.

The question of literature and bibliography applies to both the medical and evangelistic service of medical work and I feel sure that the useful results from medical service could be increased many fold by the right use of literature. I venture to say that not 25 per cent. of the missionary physicians in China have a bibliography so that they know just what medical literature, useful in medical education of the student and Chinese public, have been produced either by translation or otherwise, or of the relative merits of the various publications.

Finally I wish to say that the usefulness of medical work as an evangelistic agency has only just begun if the right devotion and energy and purpose meets the conditions squarely. The question of goodness is far from being one of knowledge of goodness and many can understand a sermon of friendliness

when argument is useless. No one who reads the life of Christ but can realize how much of his time was spent in proving himself friendly in physical as well as spiritual ways.

Edward L. Bliss, M.D., Shaown, Fukien, China.

Ignorance of the people. Poverty of the people. Lack of funds for staff, suitable plant and equipment. Impossibility of obtaining milk, making the treatment of many cases especially babies unsatisfactory.

I would like to have inquiry made to ascertain in how many of the mission fields is there a milk supply sufficient for the needs of the sick and babies. Where there is not a supply of pure, fresh milk, what steps are being taken to secure one.

Our nearest central Hospital, Foochow, 250 miles distant. Our basis of supplies is Shanghai, but nearly all supplies are ordered direct from U. S. and Europe.

We have a Fukien Medical Association, a branch of the China Medical Missionary Association.

Our medical school is a union of three missions at Foochow. The many dialects of the province are a difficulty. Shaown students have to learn the Foochow dialect as a new language.

There should be a quarterly or semi-annual publication containing one article on medical missions and a selection of brief messages from the field.

More than half of support is local from hospital and dispensary receipts and sale of medicines. I have never charged fees, but regard it better to encourage gifts to the hospital.

Emma J. Betow, M.D., Sienyu, China.

We are so isolated, only one doctor in a station, and our mode of travel so laborious, namely by sedan chairs so that it takes a day to cover a distance one could do in half an hour or more at home. My hospital is Homeopathic and there is no place where I can get my drugs but America. We have an organization of physicians in this province, which is known as the Fukien Branch of the China Medical Missionary Association, and have several meetings during the summer months at Kuliang for mutual help and improvement. My hospital has a capacity of 70 beds and averages about 550 patients with about 5,000 dispensary patients annually. About one-third of the expenses are met on the field and the rest comes from the Missionary Society from America. Our greatest difficulty is to get help. I have been here 11 years, most of the time alone; only 3 years I was favored with a co-worker. It does make

it very hard when all the responsibilities are placed on one doctor with no one to call in for consultations and operations. We haven't been able to get even a trained nurse, and yet we have been able to do a great deal of surgery and obstetrical work. I hope something may be done to interest more physicians in the work of Foreign Missions. Every county, state and national medical association ought to have some physician home on furlough present the cause and interest them.

WILLIAM MCCLURE, M.D., China.

You may remember some years ago the China Medical Missionary Association recommended to the home Boards that in the larger hospital centres at least two medical men should be employed. At its meeting in 1913 while the Association still adhered to the policy of two men on the staff of the large hospitals, the emphasis was put on medical education for the Chinese, Missions and Boards to assist in putting the approved Medical schools on an efficient basis by supplying men for teachers and funds for up-keep.

The entrance of the Rockefeller Foundation into the arena and the establishment of its China Medical Board to promote Medical education and hospital work will no doubt lift a great financial burden from the other Boards at work in China.

The Rockefeller Foundation can probably not do much to relieve the too-heavy burden on medical men working in interior stations and it is up to the different boards to send help to those men who are working over time as many of them have been for years. Some two years ago or more, inside of about six months, I think some half dozen medical men were cut off by death in the prime of life. Most of them as a result of typhus fever, I believe, but had they not been over worked it is hardly likely the mortality would have been so high.

Frequently in a one man hospital there is for operations a waiting list of 18 or 20 cases and a daily treatment of 150 to 200 cases, I have known of even 290 cases.

HUGH H. LINN, M.D., Bidar, India.

We are sent out here on a small salary and supposed to run a hospital on a little of nothing. And for the past five years have had the supervision and building up of the Evangelistic and School work as well.

The Government has a good Hospital in Hyderabad but our nearest and best hospital is that of the Presbyterian Church at Miraj.

Miss Belle J. Allem, of India.

With climatic differences so great; caste prejudices affecting diet problems and housing and clothing all so varying, with poverty to almost an unbelievable extent, it is a difficult question to answer. Dispensing too, with drugs spoiling thru climate and disappearing thru failure to recognize rights of ownership.

1. I am suffering from lack of staff enough to adequately attend to the work and the means to supply the demands of normal growth and from the lack of understanding of the needs on the part of the Home Board. We lack organization of physicians in the province. We lack periodicals, libraries and opportunities for consultation.

2. In promoting our work we must seek to present the situation *as it is* to Medical Societies and business men who are philanthropically inclined. We should seek opportunities to get into touch with university students to present the lure of medicine!

3. We get our supplies from Butler Hospital, Bombay—250 miles away, the base of supplies.

4. Medical Missionary Association of India. Publishes a monthly periodical and holds meetings when feasible.

5. In the province, unorganized. One hospital at Miraj training medical students; another at Agra; one for women at Ludhians, in North India. Larger Government Departments at Bombay, and Calcutta Universities that I know, and probably at Allahabad and the other university centers. The medical missionaries often merely tolerated by the Government medical forces—brilliant exceptions like—and—and men at—and—have been cordially received. I do not know the causes, other than the attitude of scoffing at American degrees which in the thought of many are purchasable and attempts at healing by laymen with no training.

6. Means of publicity among medical men and special givers would best be promoted by photographs of actual situations, with brief descriptions of the amount of work to be done, staff available, apparatus make-shifts, expenses incurred and *needs*. No hospital should try to get on with fewer than two foreign missionary doctors, two foreign nurses, one with administrative ability, both with the best professional training possible, and one evangelist. In addition, one pathologist and one graduate student working at the language. Every medical missionary (new) should spend his interneship in one of the larger hospitals in his chosen field, before taking up responsibility alone.

7. *Haven't worked it out.* We are glad for the shade of a banian tree or the verandah of a house.

8. In three years, work became within $500 of self-support. All funds accruing from sale of medicines, fees, operations were credited to the mission. The bulk of the income was derived from private cases.

9. If sufficient staff were supplied to make it possible, unique and especially interesting experiences should be gathered and *used judiciously.* Technical details supplied to medical publications, or societies—and if interest followed, or could be created, the work abroad could be linked to the work at home—if staff enough and funds enough made it possible to do work worthy of the name.

C. Stanley G. Mylrea, Kuweit, Persian Gulf, via Bombay, India.

The medical work is not supported as it should be—all over the mission field we see hospitals woefully undermanned and underequipped and expected to get along on a budget which at home would be useless to run a settlement dispensary—one doctor carrying all sorts of responsibilities and embodying in himself physician, surgeon, clergyman, architect and builder.

The chief difficulty in attaining one's aims as a physician on the mission field is the lack of money. The Boards should seek to make all their hospitals model institutions—the value, as an educational force, of a model hospital, even though it be a small one, is self-evident. In order to attain such a standard we shall have to spend a good deal of money. As a minimum standard—all buildings should come up to modern standards in respect to hygienic construction, non-absorbent floors and walls, running water and a drainage system. No hospital should have on its staff less than two doctors—preferably one a physician and one a surgeon—this allows the hospital to keep its doors always open—a condition not possible with the one doctor arrangement, owing to the necessity for tours, vacations and furloughs. Each hospital should have a woman superintendent who has had a nurse's training.

Hospital budgets should be made more liberal, so that an adequate supply of servants of all kinds can be maintained and everything kept spotless and shining. Hospitals should not have to economize in such things as laundry bills and window cleaning—these things are taken as a matter of course at home and in a large number of mission hospitals, but they cost money —lots of it in countries where wages are high. Every doctor should be allowed to draw on the home board for the latest

medical books up to some reasonable limit—his salary does not permit him to buy the books that ought to be on his shelves. When at home on furlough doctors should be encouraged to take up special courses on the lines where they most feel their need. They should not be depended upon for much deputation work. Perhaps it would be possible for the Foreign Missions Conference to arrange such courses specially for foreign missionaries home on furlough—some of the universities might be approached on the subject so that there would be definite programs which would be advertised in advance and from which the individual missionary might make his selection before leaving the field and thus plan his time intelligently and economically.

There should be on every mission board and on every board of trustees a medical member, and the larger boards should have a special medical secretary.

Without doubt the raising of all this additional money and the finding of all these additional doctors is a great problem. It is possible that the Rockefeller Foundation might be interested in providing funds, especially along the lines of research—a trained specialist in bacteriology, pathology and entomology would be an invaluable adjunct to any hospital in the East.

In the case of hospitals whose receipts exceed their expenditures it is suggested that these surpluses be spent upon definite improvements to the hospital of their origin and be not used to support other interests—in this way in the course of a few years many a hospital could be developed to a very high standard without cost to the home board save that it would have to raise from other sources the amount of that surplus.

Other difficulties are between the physician and the lack of confidence on the part of the people which keeps them away from the hospital and when they do come makes them bad patients—the general ignorance of the people which makes them afraid and suspicious—the impatience of the people which keeps them from seeing a thing through to the end, etc.

The most important factor in developing medical work is the medical missionary himself. He should be selected with the utmost care and his qualifications should be of the very best. If he is going to a new field where he will be all alone he should be a surgeon of good all-round ability—in the older fields where the hospital is manned by several doctors the physician will do his best work. A hospital training should be insisted upon. In some fields (I am told) the mission hospitals are able to give a man a better hospital training and one more in accord with the kind of work before him than can a hospital at home, and

he can at the same time be learning the language and the country; only in the latter instance should the above condition be waived.

We have no cental hospital. Karachi, India, is our nearest base of supplies. We import most things from England. It might be profitable to consider the feasibility of establishing a Central Purchasing Depot, from which all mission hospitals would buy their supplies. It would probably be more economical to put it in London since London is nearer most mission fields than New York, and there would therefore be a saving in both time and freight rates, and would of course be under the joint control of all the boards.

J. S. Timpany, M.D., India.

My chief difficulties in attaining my aims as a physician in my work has been a seeming or real lack of sympathy with me on the part of my mission and our Home Society, in my efforts to develop a large and useful medical work. We have become too one sided, placing all our efforts on evangeltistic and educational missionary effort, and have forgotten that in the medical arm. For far reaching and lasting influence in winning the people to Christ, there is no effort equal to the work of a consecrated medical missionary with the gospel of healing and love in his hands. Their influence will open the most securely closed doors and take them into the presence of the most secluded of all peoples.

My own work in a smaller way is another living example, started from small beginnings and as the work forced itself upon me and the people came to me, until they finally helped me to build the plant I now have without any help from my society and last year we treated over 20,000 people and filled about 22,000 prescriptions. People came to us for treatment from 882 cities, towns and villages.

Rev. G. G. Crozier, M.D., Tura, Assam.

My chief difficulties in attaining my aims as a physician are: Burdens of other forms of mission work; and lack of trained helpers, as I have to train them all myself.

As to lines of inquiry for the strengthening of medical work on the mission field, the main one is, so far as I can see it, "Why do not the Boards send out more medical men and women?" Some of the secretaries think they are sending out all the good men they can get. I know that this is contrary to fact. One of our secretaries told me fifteen years ago they did not want medical missionaries, and nearly succeeded in

turning me over to the evangelistic work for which line he said he wanted men. I know of another who was dissuaded from taking up medical mission work and went into another line of preparation. This year I have learned that a post-graduate course of hospital training is an absolute necessity; this would be taking a good general rule and making it murderous and a ruler over consideration of local conditions and the preparation of the man.

Another serious difficulty is the one that you seem to be after, the presentation of the subject of medical missions at the large conferences of the Societies at home. While I was on furlough I was taken by our board from Cleveland to Washington to make a four minute speech before the convention of our Society, and of course to meet people as I could privately. Secretaries and pastors whose voices are constantly being heard are regularly given from half an hour to over an hour, but in our Society, missionaries are regularly limited to three to five minutes, except one or two—at least that was so at the only one I have attended, and I have heard it is so at the others; and I heard no mention of the subject of Medical Missions, so far as I can recall. People readily give money for medical missions, but know but little of the work. Our work needs to be more largely advertised.

I have no central hospital—am that myself, and have 223 branches; get supplies in Calcutta 300 miles away, in England, and in Japan and in Germany, and America.

Nearest fully trained physician is 300 miles away, unless possibly the Welsh Mission has one somewhere 150 or 200 miles away. Occasionally there is one in Government service, 50 miles from here. So there is not much organization of physicians in my region! If any decent fellow wants a job send him along. . Oh, yes, off in another direction in Government service must be a fully trained man at Daccasome 150 miles from here. The only medical educational work I know of in the Province except the little in my own hospital is in the upper end of Assam about 400 miles away, a little school ran by the Government. The Government has a good school in Calcutta.

The biggest difficulty is entire non-existence of men able to train medical students. A nurse has now come and she will help for she took a hasty course in Chemisty just before coming out, and of course will do much in general training.

Publicity among medical men at home and prospective givers can be accomplished by capable medical missionaries being given an opportunity at the denominational conventions; by

the men mingling with medical men in our large cities and presenting to them in their gatherings Eastern Medical work, and the greatness of the work of the medical missionary.

I'm too far off out in the world to make suggestions that would be of much value to the others. I certainly would have the best I could get, and I got the best I knew. Much good work can be done with some wit and necessity with small equipment, but people seemed willing to give for my equipment, and so I gathered up and brought out. I have to carry a large stock of supplies.

I have nothing I call private practice. My receipts pay for all my supplies, and specifics from America pay for helpers.

If you'd show how many medical missions are one-man affairs and how many two or more, and draw attention to the need of two men in most places for the success of the work and its continuity, while one man is on furlough, it would be helpful.

The unique and especially interesting experiences are likely to give a false impression; show the common facts,—they are so much beyond what most American physicians are touching that specially interesting detail is not needful. The rarities do not make up life or success, put in a few just for spice.

Anna M. Fullerton, M.D., Dehra, Dun, U. P., India.

After spending ten years as Physician in Charge of the Woman's Hospital of Philadelphia, and teaching in the Woman's Medical College of which I am a graduate for fifteen years, have had sixteen years of experience in India. In India physicians and surgeons holding American diplomas labor under the disadvantage of not possessing British degrees. Government requirements in connection with all British institutions are very rigid in this respect. This makes all international work, especially along scientific lines, difficult, and subjects American physicians to indignities, in their association with British physicians, which are calculated to wound the sensitive and reflect upon their qualifications.

(b) The control of its medical work by the mission organization, chiefly evangelistic and having little understanding of the equipment and facilities required for medical work and of the physical and mental strain entailed by its responsibilities, is a disadvantage. All this leads, for economic reasons, to the curtailment of necessary funds, the limiting of the number of helpers required, and of hospital control which greatly hamper the physician and surgeon.

I have known a medical woman to wear herself out doing extra private work, in order to add to the funds at her command for medical work, only to have such funds taken from her by the Finance Committee of her mission to pay the deficits of educational and evangelistic work of the Mission.

(c) With the advances made in medical science which necessitate laboratory methods for the proper investigation of disease, the missionary doctor with no laboratory or assistant to aid in such investigations is much hampered in doing effective medical work. The Government laboratories make high charges for such investigations which cannot be met from mission funds. It would seem desirable for some arrangement to be made with them for help in this direction, or else to have a skilled bacteriologist and pathologist connected with some central mission hospital, who can give the needed aid for accurate diagnosis.

(d) The lack of a sufficient supply of skilled nurses and assistants, especially such as are required in the operating theatre and for the care of serious surgical cases is a great drawback. Helpers trained in this country, even when quite inefficient can command such salaries from Government institutions, that Mission hospitals cannot compete with them.

(e) Many non-medical missionaries regard a hospital as a suitable place for depositing all kinds of helpless human beings without reference to their curability or incurability. The hospital is thus made a poor-house and is unfitted for the treatment of acute diseases and surgical cases.

(f) The time and strength of many medical missionaries is exhausted by the demands for professional service in their homes made by members of the missionary staff and their families.

A well-equipped central hospital provided with skilled physicians and surgeons should be provided, and then, I think, missionaries should be required to go to such a place for treatment, unless they meet their own expenses for medical service. The missionary doctor is expected to give medical aid without charge, and is taken away from the supervision of his or her medical plant, often to its very great disadvantage.

(g) The woman physician because of her being a woman finds it more difficult to push the claims of her work than the man, because she is associated with men who feel that it is the woman's place to help the man placed in charge of the station, in any way he may desire.

There is very great need which still exists in this land for the establishment of hospitals for *women,* staffed by fully

qualified medical women. Very few women out here are willing to subject themselves to treatment by men, especially for obstetrical and gynaecological needs.

H. W. Kirby, M.D., India.

The greatest danger that comes to a medical missionary is success in his work, so that the real work that he is there for is neglected. No amount of medical success amounts to anything unless it leads to spiritual results. Every medical missionary should have a hospital course before he goes out. I had none, and this has been my chief difficulty.

To my mind the greatest medical missionary is the man who is most Christlike. He went about doing good, preaching and healing. In India the government has many good hospitals where the civil surgeons take great interest in their surgical cases, but in my experience they take very little interest in their medical cases. Here is the great opportunity for the medical missionary, the placing of medical aid within the reach of the tens of thousands round about him.

India is a land of villages. In touring I have found far greater opportunities and far greater appreciation of medical aid than I have found in the station. This form of medical work can be made largely self-supporting. We have only a grant of $100 a year for our hospital work. Our expenses are about $1,300 a year. Most of this is raised locally from the sale of medicines. We sell thousands of boxes of ointment at 2 cents a box. Many bottles of medicine are sold at 4 cents. Prices like this are within the reach of the people. They earn 16 cents a day. Possibly we have between one and two hundred dollars a year gifts to the hospital.

Our hospital stock and furniture is worth $4,500. This has been built up in 7½ years and almost none of this has come from the society.

I try to keep up-to-date with new books and periodicals.

Annie Young, M.D., Fatehgarh, India.

My chief difficulty in attaining my aim as a physician was due to the fact that I was a "one woman dispensary." The mission with which I have been working has a morbid fear lest if the medical work is enlarged funds will be withdrawn from established work to finance the medical.

I should like to see a statement as to what American physicians consider essential, leaving out all trimmings, of a well-equipped medical plant. Then, in contrast, a statement of what

the average medical mission plant has for its equipment. The revelation would be startling.

The Indian government has many medical schools in India. These schools can be utilized to educate men, but are emphatically not the places to educate our Indian women. At present Ludhiana is the only school for them. One is being planned for South India. This fall the government is to open one in Delhi, but it will not be a Christian school.

To insure publicity among givers, I think some kind of a periodical letter or circular good.

The last year that I was in India, I only received about $100 of American money. The rest I raised from fees and sale of medicine.

Cora I. Kipp, M.D., Sarah Creighton Memorial Hospital, Brindaban, India.

The chief problem before the churches is the securing of a sufficient number of physicians to fill the need on the fields. This must be met by keeping a high standard of religious life before the medical student, and by giving him a full knowledge of the opportunities for medical and surgical work on the field.

The physician on the field finds himself handicapped in many ways—(1) Lack of previous practical experience, because of the need on the field, a student just out of school may be sent out and find himself confronted with cases that at home would only be taken by a specialist. (2) Other cases come which he might properly care for if he had the proper sort of co-workers on his medical staff. (3) In still other cases he is handicapped because of a lack of appliances and instruments, of water service, of gas and electricity. (4) If the missionary physician is in a place where there are other phases of mission work and yet no other missionaries, much of time and strength is spent on other work that might well be used by a physician in developing his particular line of work and also for study and reading of up-to-date medical literature.

These hindrances may keep some from the field, yet I think that any who are worth while sending would not be dismayed by them. Every medical missionary should be in hearty sympathy with every phase of mission work, and should seek to make the medical work an opening wedge and an aid to all evangelistic work. The medical work should be evangelistic, and also be an educational center medically.

In India the British government has a medical system; hospitals and dispensaries are maintained in the cities, and so-called "traveling dispensaries" are being established for the villages.

The good these institutions might do is hindered oftentimes by the spirit of trade in the natives on the staff—who refuse the proper treatment unless some remuneration is given. This makes it very hard for the poor people. The out-caste classes can get practically no aid at these places. Where the physician in charge of a government hospital is friendly to missions pleasant and profitable relationships may be maintained.

Besides the governmental organization of medical work, the medical missionaries of all denominations have an organization and have a quarterly medical journal.

The women physicians holding government and missionary positions are organized also and publish a quarterly journal. The trained nurses are organized and have an organ published monthly. The training of Indian nurses is being developed, and a courses of study with set examinations and examiners, is being followed by quite a good many of our mission hospitals for women.

Referring again to increasing the supply of physicians as candidates for the field I believe that the opportunity and need should be placed before the student while in college, before he enters the medical school. Most students when they enter the medical school have their plans for life made.

ANNA S. KUGLER, M.D., Physician-in-Charge, Guntur, India.

In the first place, let me say that, in my opinion, the subject of medical mission work has not received that attention its importance as an evangelistic means deserves and demands. If one considers the present condition of things in India, and the revival of Hinduism that has taken place in the last twenty-five years, one certainly must ask, What agencies has the Church to meet the increasing opposition to Christianity that this has engendered. Surely there is nothing more potent than medical work. But it is not my purpose at this time to write at length upon this side of the question.

As something that vitally concerns the success of medical mission work, and as something that you at the home base can to an extent regulate, I would mention the great necessity that those who are sent out should be well qualified professionally, especially in surgery. Do not let any one persuade you that this is not necessary. Those who are sent should be well qualified spiritually. I do not mean that they should be clergymen. Indeed, I think as a rule it is better that they should not be, else there is a danger that so much other work will be given them that they cannot do well their own. But they should be men and women with a true missionary spirit, else they will be-

come discouraged by the hardships and leave the work, or else they will succumb to the very real temptation to emphasize the medical unduly to the injury of the spiritual side of the work.

One of the chief difficulties is the single-handed way in which we missionary doctors have to carry on our work. To illustrate out of my own what might be called hard-bought experience, I would say that for five years my only assistant has been a young Indian woman of the grade of an assistant surgeon. During this time I have had charge of the largest mission hospital for women in South India, with 1,023 in-patients and 9,200 out-patients, 34,000 visits at the dispensary. During three and a half months my assistant was absent, part of the time on sick leave. A young American doctor helped a little in the dispensary work, but she was just out, and spent the greater part of her time in the study of the language. I need hardly say that to see 150 to 180 patients daily in the dispensary, 70 to 80 in the hospital attend to a large office practice, be responsible for the evangelistic work, look after a part of the teaching of the Training School for Nurses was more than enough work for a doctor who has had no vacation for eighteen months, as to take a vacation would have meant to close the work. .

To us who see the great influence that medical work has in removing prejudice, unlocking closed doors to other forms of mission work, inviting the friendliness of the people, it seems distressing that in the great Christian Church of America it should be so hard to get Christian men and women to give themselves to a work so rich in its rewards, and so full in its opportunities.

I have just been at a meeting at Vellore of the Committee on the Women's Medical College to be established in South India. Eight medical women were present and with each one the uppermost thought was the great difficulty of getting adequate help. This college for women is to be established that young women of this part of India may be trained under such influences that they will be led to give themselves to the work of medical missionary work, and thus help solve the question in regard to hospitals for women, as to how to adequately provide a medical staff sufficiently large to cope with the work. The question of a faculty for this medical school was before us, as a very vital one, and we no doubt will appeal to America for women fitted to teach in this institution.

F. Van Allen, M.D., Madura, India

My chief difficulty in attaining my aims as a physician is not money, not lack of opportunity, but *lack of brains.*

People do not sufficiently see and know for themselves what medical missions are doing. They would be charmed if they could see and know. Would that people could know, really know, what is going on on the distant mission fields. The men in charge of foreign missions at home can do an enormous amount by pushing medical missions. Do do it. There is not a more picturesque and attractive work to draw to the attention of the people at home or win their hearts as that in the jungles of India or on the plains of China than this God-given work of healing the sick.

WINIFRED HESTON, formerly of Punjab, India.

My greatest difficulty while working in the Punjab, India, was my own health—or lack of it, and so I would suggest that only the most robust candidates be sent out.

The duties were too numerous, embracing as they did entire charge of the dispensary, wards, patients, operating room and all the surgery, for the assistants were never able to assume entire responsibility for their part of the work. In a work of any size at all, two physicians should be provided at least, or if that is impossible, a physician and American trained nurse, between whom the responsibilities can be divided.

The book-keeping, financial reports, etc., which are usually put upon the physician, are a tremendous burden. It is true of course, that a plant runs better under one head; that one to have grasp of all the details and be the final appeal, but as no one individual can endure the strain for many years, there should be two or three women in each Woman's Hospital.

We were our own central hospital, and ordered our own supplies; it was very satisfactory.

Our work was covered by the home appropriation, but considerable amounts in gifts, fees and from private practice provided for the inevitable extras.

Hospitals and dispensaries should be planned and furnished on about the same basis as they are in this country with larger pharmacy and supplies, as they usually have to be ordered from a distance.

Medical education for women is very well provided for at Lodiana. Its difficulties have been chiefly financial, and an inadequate staff. Since being placed on a government basis, however, I believe some of its difficulties have disappeared.

There is a Medical Association for all India—in the Punjab there are denominational associations.

Publicity in medical work is difficult. Folders might be prepared of interesting cases, and sent to physicians in America, or

a medical periodical might be provided each country. If enough men are sent out so as to give leisure for scientific work, the Rockefeller assistance will make possible some very interesting work and reports which will be of interest to the whole world. I have not attended any special conferences.

P. S.—After all, I believe that a periodical published in this country, with contributions from all the medical mission fields in the world, would be the ideal way of enthusing and informing the profession, and a special number now and then—maybe twice a year—could be prepared with special references to the laity.

JOHN D. BIGGER, M.D., Kangkei, Chosen, Korea.

It is so far to other hospitals, seven days' horseback ride, that it is impossible to co-operate; lack of modern and fully equipped hospital makes it impossible to do best work, and only one foreign doctor makes the responsibility and constant attention to patients, and prevents the doctor from feeling up to par, therefore endangering his health.

The competition with the government hospitals is increasing every day and if we hold our places we must have increased facilities and staff.

Seoul is the nearest central hospital. It is seven days horseback ride and one day on the train from here.

There is an organization of medical missionaries in Korea, but it takes so long and is so expensive to go, that the station has never permitted me to attend any of their meetings for four years (since I have been here). That is one fault of the one man hospital, and the demand of the other missionaries on his constant attention to duty. If the doctor gets out of sight, some one hollers.

Most all the improvements, etc., of hospitals come through special gifts procured by the physicians or their friends on furlough.

About three-fourths of our work is supported by the receipts from the patients; the rest comes from the Home Board.

A. G. FLETCHER, M.D., Taiku, Chosen, Korea.

The chief difficulty is too much routine work due to lack of qualified physicians to distribute the work so that each will not be over-burdened.

I think two kinds of information should be gathered from the foreign field; one kind for the information of prospective candidates for foreign medical work and for the interested doctors at home. This information, it is not necessary to say,

should be largely scientific. The other kind of information should be for the laity at home and should consist of reports of unique and interesting cases, etc. In this country there is no trouble in securing supplies. The physicians are organized and have regular meetings. There is a Union Medical College. The medical work is supported about to the extent of two-thirds of the total expense.

Ralph G. Mills, M.D., Research Department, Severance Union Medical College, Seoul, Korea.

I am enclosing a printed leaflet in which are stated the General Aims and Special Purposes of the Reserch Department of the Severance Union Medical College, Seoul, Korea. On the inner two pages of this publication is given a method of water sterilization that meets a real missionary need. The idea is not new, but we have put it through those experimental conditions which enable us to recommend it to all who have suffered the inconveniences and uncertainties of boiling water in the country, especially in regions where typhoid, dysentery, cholera and various parasites endanger missionary health. In the practical application of this method naturally the cleanest water obtainable would be chosen, but if for any reason dirty or evidently contaminated water must be used then a preliminary filtration through cotton or paper is recommended in order to remove all organic sediment and most parasites, leaving the chlorine to dispose of only the suspended bacteria. Already it is being largely used throughout Korea, and it will doubtless spread rapidly through the missionary world. The comparatively few hours spent on this investigation and the small sum of money used in printing have given results which, aside from scientific value, have more than paid because of the benefit to missionaries.

The general aims and special purposes of the Research Department include a large number of just such problems as the one outlined above. Work is now being done on at least a dozen of these, some progressing rapidly and some very slowly, but in all the services of students and other native assistants are made use of as much as possible. One of these problems is the investigation of the life cycle of a certain parasite that lives for a time in a water animal before entering the human body. This resembles in some respects the stage in which the mosquito harbors the malaria parasite. A chemical has been found which in high dilution will kill these animals in their native haunts and thus a method has been developed which bids fair to be of great value in preventing the further spread

of this disease. There are fully 10,000,000 people infected with this parasite in Japan, Korea, Formosa and the Philippine Islands. In some places churches have been decimated and native evangelists have been prevented in certain districts from carrying on work, thus materially hindering the spread of Christianity. The disease makes invalids or weaklings of its victims, so the economic loss is tremendous. Surely preventive medicine is a legitimate field for missionary activity.

The system of acupuncture began in China as early as 2850 B. C., and has dominated the medical practice of the whole Orient ever since. It is no exaggeration to say that billions of people have firmly believed in and practiced this system during all these centuries, nor is it a dead letter today. It would certainly be illogical to dismiss it as utterly worthless, even though many of the practices seem crude and unscientific. With this system has gone a materia medica remarkably similar to that of Great Britain 300 years ago, that had then an equally universal acceptance. Nevertheless Western medicine has made remarkable progress in the Orient in recent years due to the activity of missionary and Japanese doctors and in time will partly replace the older system.

As long as the idea of a doctor working alone in a small dispensary is the common conception of efficient medical missionary work, this letter is of no value whatever. In anything short of a two-man hospital progressive work is the exception. But in order to help overcome this handicap in our hospitals in Korea the Department has undertaken a little plan that we wish to recommend for the consideration of other centrally-located medical plants. Our laboratories for the examination of all sorts of material from hospital, operating room and dispensary are each in immediate charge of a Korean man trained for the purpose. Any doctor may send in material for examination which will be done by the proper assistant at a very reasonable rate. This places the conveniences of the laboratory within easy reach of any doctor in Korea. Furthermore we have offered to accept as temporary assistants any person whom an outside doctor wishes to have trained in laboratory technique. We ask no fee for this service, merely that the sender support the student on mutually agreeable terms. The duration of the period of this training is optional and the effort is made to give some time to each phase of his laboratory work. During their stay such students are admitted free to such medical school classes as bear directly upon their work and the regular assistants give special instruction, thus thoroughly covering the courses they wish to pursue. During the

past year five such students have come and all concerned have been much pleased with the results. After a couple of months' training these men or women can return to their own hospitals prepared to do all the ordinary laboratory work and knowing how to prepare other unusual specimens to be sent to the central laboratory for special examinations. In the mission field where intestinal parasites are so important as disease producers such laboratory work is indispensable. The salary of such a laboratory worker is from $6 to $9 per month. Most doctors have so much work to do that they cannot stop to make diagnosis of this sort on many patients. Their diagnostic efficiency is therefore just that much decreased.

One man can run a small hospital and treat the general run of cases fairly well. Two doctors together can do more than twice as much work at least twice as well. A laboratory man will easily add 25 per cent. more in efficiency. But this is merely intensive work. Add another man or two with liberal financial support and you allow extensive work that helps not only the local institution and the local church, but reaches out to the whole country or even the whole missionary and scientific world. Our own case is an example of the latter policy and we believe it pays from all standpoints.

The financing of such work as this practically means so much more of an annual appropriation from the homeland. Receipts from native sources cannot be expected to cover it. Probably the ordinary budget should not be expected to provide for it, but special appeals or endowment could easily do so. Because of the scientific value of the work it would naturally attract the attention of men and raw money otherwise not available for missionary purposes. The value of such widespread interest is evident.

There still remains the other possibility of securing subsidies from organized research institutions. This is certainly better than nothing, but it is my personal belief that the special appeal or endowment policy is much the best.

A. H. Norton, M.D., Haiju, Korea.

It gives me much pleasure to know that there is at last a real organized effort to further the cause of Medical Missions, that I am replying to your circular to lend what help I can to the movement.

My chief difficulties so far in attaining my aims as a physician have been lack of equipment and assistants. The equipment which I now have, consisting of a small hospital and

very meagre appliances, has been secured largely from a strenuous campaign for special gifts, and keeping in touch with the contributors is getting to be one of our chief duties. In our field the time has come when we can no longer get along with the scanty outfit and slipshod methods of even ten years ago, and I think every hospital should be outfitted to do the most careful and scientific work.

The second difficulty has to do with assistants. Every hospital in a large center should have two physicians, but in our Mission this seems an impossibility. However, every hospital can and should have at least one trained nurse. You will doubtless be surprised to know that it is with the greatest difficulty that I have at last gotten a prospect for one, and if she is secured she will be the first one in our Mission in Korea. In view of the great pressure for money, other things always loom larger in the list of needs. It is my conviction that every hospital, large and small, can be a training school for native nurses, and I think this is really the best thing we can engage in. The education of doctors must necessarily be left to the large institution, but we all of us can train nurses who will be able in the near future to do a deal of work in the community, much as district nurses and nurse deaconesses do in this country. There seems to be a scarcity of nurses who are looking forward to mission work and I think it would be a fine idea to encourage young women who are looking forward to this line of work to study nursing. Most of them now seem to be studying medicine.

We have a very flourishing and profitable Medical Association in Korea which is a branch of the China organization. Union effort in organized medical education is well under way in Korea, the main trouble being that the different Missions have not assumed their full share in the enterprise. One mission has furnished four foreign teachers, most if not all of the native teachers, and the building and equipment. The other missions have co-operated to the extent of furnishing one member of the faculty each. This, in my mind, is a great opportunity and should be thoroughly worked. Great care must be exercised in the choice of students, and only those who will be helpful to the church in the locality in which they settle should be received. Through the recent organization of the Union College in Seoul, I think the Medical School is to be considered a part of what will grow into a university. I think the main difficulties it has encountered have been connected with obtaining proper equipment and teaching staff to comply with the requirements of the Japanese government.

I doubt if the time has yet come for the standardization of medical mission work, inasmuch as the conditions under which it is carried on are so different, and the personal equation of the physician in charge must be taken into consideration. The work might be classified with reference to the volume of work carried on and a minimum standard of efficiency might be agreed upon. If there could be more union among missions and a competent board in charge so that funds might be properly distributed and there was no unused equipment or unnecessary waste, and strategic centers properly cared for, I think it would be conducive to more results for the money invested.

My medical work is about half supported by local receipts from patients, and the other half from home. I have practically no income from private practice.

Unique and especially interesting cases and experiences are useful in arousing interest, but I think care should be taken to prevent the impression that they are the normal in the life of the medical missionary and more emphasis should be placed on the routine everyday work and what it means, although it may not be so spectacular.

A. M. Sharrocks, M.D., Syen Chyun, Korea.

The chief difficulties we medical missionaries face are isolation, the enormity of the job, and the lack of the "wherewith-all."

Isolation. A physician at home scarcely realizes the uplift he constantly receives by contact with other physicians, his attendance upon medical association meetings, his access to clinics and visits to hospitals, his association with some medical college, the easy access to reference books and medical literature, and, best of all, frequent consultations over his cases. These and many other things come so naturally that he perhaps never stops to wonder what might become of him were he separated from them all for a period of many years at a stretch.

"Cannot the missionary get magazines?" Yes, one or two, and a new text book now and then. But let me say right here that reading the account of a battle is very different from being in the thick of a fight. It makes a lot of difference in reading about some new treatment or operation or an advanced technique as to whether he has *seen* or *heard* of something of the kind, or can ask a colleague about any point not clear to him. In other words the printed page means far more to the man at home than it possibly could to us; and yet it alone of

the many helps at the disposal of the ordinary medical man is the only one available to us.

To be entirely alone in one's practice day by day, month after month, meeting a fellow doctor or two once or twice a year, and he, too, poor, fellow, as shrivelled up as oneself, can have but one effect on any physician.

The Size of the Job. In this day of specialization I suppose a man at home would smile at any one who attempted to be physician, surgeon, pharmacist, head nurse, as well as bookkeeper, general housekeeper and chief gardener in a hospital and dispensary while seeing 10,000 new cases annually, or, with returns and daily treatments, a total of some 20,000. Of course we have a corps of native assistants. In our own plant there are two doctors, two orderlies, six nurses, cooks, janitors, etc.—in all sixteen. These were trained by myself so that where I am deficient, they are deficient. So that after all it is strictly a one man plant. It is certainly disheartening to think of the many things that must go undone, under such conditions.

The Poverty Basis Upon Which We Run. We receive from the Board $450 per year for running expenses. There are no outside sources of income, no foreign practice, no gifts. The rest of the $2,500 or $3,000 must come from the practice. If our people were better off it would not be so hard, but the Koreans are known the world over as a very poor people. There is also much charity work that must be done. In other words the financial strain upon the doctor is not the least among the things that make up his burden. Our opportunities are unlimited, or rather are limited by only our limited means to grasp and use them.

Your second question stirs up the following thoughts: In the most kindly spirit, for I realize that the Boards are doing their best under a very heavy load, I would call attention to the fact that the Boards do not give medical missions their proper share of consideration. In the reports of annual conferences there is much space devoted to educational, evangelistic, administrative and many other subjects, but I have yet to find one issue where the medical work receives more than passing notice.

I have been impressed with the very great help Dr. Sailer and others have been giving to the educators. It would be quite as profitable to us to have a real live committee to which we could write concerning our problems; from which we could expect help in the selection of text-books and magazines; to which we could go for guidance in arranging study courses

while on furlough, etc. The Board as such stands at all times ready to help its missionaries along any line. We know that and appreciate it, too, but if we doctors could be linked up with a small committee, composed of, say, one secretary in the office and two or three strong men in practice, who would "think missions" and help their colleagues on the outskirts of the medical world, it seems to me the Board's medical work would be much more efficient. And if the members of such a committee could make an occasional visit to the field for the purpose of studying conditions, and seeing things from this standpoint, I am sure medical missions would be greatly benefited.

Here is the pathetic side of the whole story. Circumstances over which we have no control—and which, strange to say, we would not change though we had—have placed our medical work in a very critical condition. We must go forward, or of necessity go down. One man will not be able much longer, at the present rate of progress, to carry the burden of a full-fledged medical plant alone. And as we drop out one by one, it will be increasingly difficult for new men to take up our vacated posts.

On the other hand, the medical graduate of today is a more highly educated or specialized product than even a few years ago, is more dependent upon proper equipment and skilled associates in his work. It would be difficult to get a new man to come out and be content with the kind of an equipment any of us had, who came to the field ten or twenty years ago. Nor would we think much of the men who would. The candidate for appointment to the medical missionary force at present—and it will be more so in the future—wants to know if the post to which he will be appointed is a place where the medical or surgical skill the Lord has given him, can best be used in His service, and if he is given a bird's-eye view of mission hospitals in Korea under their present policy he will conclude his services are needed elsewhere. The simple remedy of placing two men in each hospital, even though that meant the closing up of the work in some places, would go far not only toward keeping our present force on the field, but making it easier to secure others in sufficient numbers from home?

I am inclined to think we shall soon be asking, "Can less than two doctors in a single hospital achieve *any* results?" To which we will be forced to answer "NO!"

Ezra A. Lines, M.D., Piedras Negras, Coah, Mexico.

The chief difficulties in attaining my aims as a physician are

unsanitary surroundings, ignorance, superstitious practices, improper and insufficient food, lack of hospital facilities, lack of time for laboratory investigation and diagnosis.

I would suggest as a means of strengthening medical missionary work the investigation of the medical needs of Latin America, especially Mexico, with the subsequent providing of adequate medical assistance in each community. As municipal physician for two years of a town of 2,000 inhabitants, he was called upon by many other surrounding municipalities, in which there was absolutely no physician and in which there was naturally great medical need.

The nearest hospital is a local military hospital, which is not open to civilians; in fact, there is no other hospital in this district.

C. L. Pickett, M.D., Sallie Long Read Memorial Hospital, Philippines Mission, F. C. M. S., Laoag, Ilocos Norte, Philippines.

My chief difficulty in attaining my aim as a physician is "too much work." The quantity of work that crowds upon one every day taxes his physical energies from six o'clock in the morning until ten o'clock at night, and leaves no time for study or research. We therefore are forced into the routine of eating, working and sleeping, and that is just about the sum and substance of the whole matter from one year's end to the other.

As to lines of inquiry to suggest as a means of strengthening the medical work, I would suggest, First, How closely do the medical and evangelistic work fit into and complement each other? Second, How well and to what extent is the medical work supported financially by the people who receive its benefits? Third, What attitude do the people take toward the medical man's religion?

There is an organization of physicians in the Philippines, but it meets in Manila and in twelve years I have never been able to attend but one meeting.

As to medical education here, the government has organized a number one medical school in Manila, but the requirements are such that the needs of the islands are in no likelihood of being supplied during the lifetime of the present generation. The Roman Catholics also have a medical school that has been running for a long time; but the graduates seem to know very little about medicine and surgery, and as a result the common people have, as a rule, very little confidence in them. There

is great need for some kind of an intermediate medical school that can meet the needs of the present generation. The Protestant churches are doing nothing in the way of medical educational work other than the training of efficient nurses.

As to the best means of publicity among medical men and special givers, information first, last and all the time, setting forth the facts about the work and what could be done with more men and better equipment—the conditions of the people and their simple and foolish notions concerning diseases.

I have not had the opportunity of attending any special or beneficial medical conferences since coming to the mission field.

Aside from the primary equipment and the salary of the head nurse, our work is supported altogether by the receipts on the field. During the last two years the government has helped us out very materially in caring for the poor and in the treatment of tropical yaws and syphilis. All my receipts from private practice go into the work to help maintain it.

I would say that all the unique and interesting experiences that it is possible to collect should be gotten together and made the most of. It is these that are most catching.

Concerning our work here I can say that for thirteen years the number of people reached by our medical work has increased at an even rate of 1,200 per year. The money that the natives have paid in has always been more than our society has invested in salaries and equipment.

Rev. R. C. Thomas, M.D., Philippines.

For publicity, I should suggest giving a larger place to medical missions in the regular missionary and religious magazines; more popularly written articles in the secular magazines and press; small monographs and leaflets on the subject for distribution among medical students and an aggressive campaign in the medical schools with illustrated lectures, motion pictures, exhibits, etc.

J. W. McKean, M.D., Chiengmai, Siam.

For this field we speak with assurance when we say that from the human standpoint our medical work has been one of the most useful if not beyond all doubt *the most useful* of agencies in furthering the work of the whole Mission.

No more mighty witness to the genuine worth of Christian missions can be made to any non-Christian land than ministering to the sick and diseased and the distressed.

In no previous year of the Mission's history has the medical arm of the service reached so many people with healing and with the Word of Life. In the hospitals and dispensaries, and also in distant villages and homes and in out-of-the-way places in mountain and plain the missionary and his assistants have carried not only the precious remedy that has brought back life and hope, but they have also brought the blessed message of salvation that has given deliverance from the bondage of superstition and fear. Perhaps no single feature of the medical work has done more to soften prejudice and gain the good will of all classes of people in Siam than the Leper Asylum. His Majesty the King has commended the work.

A campaign of investigation and treatment of hookworm disease is in progress and is bringing immediate benefit.

The more than 100,000 medical attendances in the mission during the year have reached and benefited a very large number and through this service many have come to know the Great Physician.

The recent large ingatherings (an average of about 1,000 adult baptisms per year for the past three years) have been due very largely to the influence of medical work. During those years an unusual incidence of malignant malaria gave great opportunity to the medical missionary. The immediate results were manifest in the ingatherings mentioned above and the markedly beneficent character of the work has opened the way for further ingatherings and has turned the hearts of the people in a remarkable manner to Christianity as the only real refuge.

The medical work is not only of the utmost importance in bringing the people into the light, but it is of equal value in conserving the Church and in preventing defection in times of illness. Although the people are nominally Buddhists, their animistic practices have a most intimate relation to the treatment of disease. In no serious illness is the religious element in the treatment omitted. (In this fact lies the great opportunity of medical evangelistic work. The Christian physician, be he native or foreign, may give religious instructions without offending the native sense of propriety.)

These newly redeemed Christian people no longer may seek the services of the non-Christian doctor because of his use of spirit charms and other heathen practices in connection with his treatment. It is necessary, therefore, that they have access to Christian remedies and to Christian physicians.

Our most imperative need, therefore, is in the line of medical education.

With a church roll of over 6,000 and a very much larger Christian constituency it is wholly impossible and also undesirable to meet the needs by foreign medical missionaries. Therefore we must have an adequate staff of native Christian medical men, trained under Christian auspices.

The only way to meet this need is to establish a Mission Medical School.

There is in Bangkok a government medical school called the Royal Medical College. Its sole function is to train men for government service.

Its influence is not only non-Christian but anti-Christian. It would be unwise to send our north of Siam Christian men into these anti-Christian influences. Furthermore every student entering the school engages to serve the government for three years after graduation. That the millions of North Siam are readily reached with the Gospel through medical evangelistic work has been amply proven by forty-eight years of experience. And if this influence is to be maintained and widened it must be done through the agency of medical men educated amongst their own people, men who know the needs of their people and who will give them the Gospel in conjunction with their medical service.

In answer to your question I would offer the following answer:

Lack of qualified native Christian medical men.

All our medical and surgical supplies are purchased in London and New York and come to us once a year.

As the best means of publicity among medical men, special givers and the churches, I would suggest a campaign in behalf of medical missions. We have a Korea Campaign, a China Campaign, etc.

The Foreign Missions Conference should now agree upon a Medical Missionary Campaign amongst all the churches and denominations represented by the Conference.

It is certainly an anomaly that the medical missionary work has held so unimportant a place in the Foreign Missions Conferences held in various lands during the past twenty-five or thirty years.

Is it not most significant that of the seven imperative verbs used in the commands of Jesus that four of them specifically refer to the work of ministering to the body? When Jesus would convince John the Baptist that He was the Christ He said to John's messengers, "Show John these things—the blind

receive sight, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised up, and the poor have the Gospel preached to them."

Let the Foreign Missions Conference of North America recommend to its constituency a united campaign for medical missions for the year 1916 and we shall, with God's blessing, have a great awakening in missionary interest and missionary giving in the home churches and a greatly revived church with ever-growing accessions in all mission lands.

Let no one fear that such a campaign would minify or in any way interfere with the evangelistic or educational departments of work on the field. On the contrary, the very reverse would be the result. Our medical activity in this mission during the recent epidemic greatly strengthened and forwarded all other departments.

The Chiengmai medical work has been wholly self-supporting for 26 years, the income being derived from hospital fees, the sale of medicines and the missionary physician's fees for outside calls, operations, consultations, etc.

Charles H. Crooks, Lampang, Siam.

I. My chief difficulties are fear of the people of taking foreign medicine, due to fear of demons. Of inducing the patients to take medicine a sufficient time to obtain relief. Due to the idea that one dose should be sufficiently large to effect a cure. Enormous amount of inferior drugs and proprietary preparations in the local market. Necessity of conducting a commercial concern in order to supply first class drugs, thus meeting competition of inferior drugs and underhand methods. The preventing of patients from taking native medicines and spirit worship along with it. Multiplicity of duties, medical and otherwise, which prevent proper methods and time for diagnosis and study.

Should the church strive to build up its medical work on the foreign field any further? Are not governments now able to provide medical men and equipment sufficient to meet the needs? Are not commercial enterprises sufficiently well and generally established to meet the needs; at least will they not be in the near future? Does this not obtain as well, in the matter of establishing further medical schools? Much energy and means would be released for the purpose of other lines of missionary work, schools and evangelism, especially the latter.

Would it not be better economy to prepare medical men for special lines of work for particular fields? That is, appoint

men to fields at the beginning of their medical course and let them take up the special lines upon which their work will rest.

Dividing the medical and pharmacy work, or appoint pharmacists to carry on that line of work on a larger basis; making the dispensaries strictly commercial enterprises with best supervision and able to meet competition.

I am the only qualified physician in this entire province. No attempt at medical education of any nature. The Mission had under contemplation a medical school in another province. Our hospital has trained medical (dispensing and nursing only) assistants and vaccinators against smallpox. Royal government has a medical school in Bangkok, but as yet the instruction does not cover an entire course.

Entire work is supported locally except salary of physician and his traveling expenses to and from the U. S. A. Institution also treats all missionary families without any monetary return for drugs and supplies for such treatment from any source. Private practice is quite extensive and the income goes into the general income from hospital and dispensary branches.

This institution has one hospital, two dispensaries and one male physician (foreign).

CLARENCE D. USSHER, Van, Turkey.

What will be left of medical and missionary work in Turkey when war ends is uncertain. Our plant has been destroyed already. When our fifty-bed hospital was built 13 years ago, it was the only civil hospital in a district larger than all New England, New York, Pennsylvania and New Jersey combined. A six-bed hospital at Mardin, nine to twelve days' journey, was our nearest neighbor. Yesterday's paper announces the death at Sivas of Dr. Thom, who worked there for 42 years and was recently deported by the Turks with Rev. A. N. Andrews, D.D., and Miss Fenenga, leaving only Misses North and Graff and feeble and aged Mrs. Andrews in the station.

Harpoot still has a hospital, also Sivas, but the doctors are being called to Constantinople. The Christian population is being wiped out, but there will always be great need of hospitals in this region.

During the siege of Van I was the only physician or surgeon for the city of about 45,000, and had no assistants. The other missionaries dropped their school work and helped all they

could, but the overwork and disease among the refugees cost the life of my wife and six of us came down with typhus the same week. I am recovering strength slowly.

For years I was the only Christian physician practicing in the provinces of Van and Bitlis. Even lately my nearest neighbor (medical) was eight days hard travel distant. at Erzroom, and cut off from communication much of the time. Our hospital was the only training school for nurses east of Harpoot. We had one English trained nurse acting as superintendent, but unable to instruct in Armenian or Turkish without an interpreter.

There was no physician with whom to consult difficult cases nor to assist in major operations—the one physician had to be specialist in all lines.

Our nearest base of supplies was Germany or England. Aside from shifting military physicians there were practically no physicians to form a society. We trained nurses in our hospital and had a class in midwifery, otherwise there was no medical education.

I would suggest a medical missionary clearing house in, say, the Journal of the American Medical Association and a medical missionary department in all medical journals.

The Jerusalem Medical Conference was very helpful in 1912. Our work was half self-supporting, including large numbers of fever patients and medicines, balance from England, Ireland and America.

No time for more. Please keep me informed about Conference. Would like to be present.

Dr. E. St. John Ward, Professor of Surgery, American University, Beirut, Syria, Turkey.

(1) My chief difficulties in attaining my aims are, first, and most important, trying to keep the Spirit of Christ pervading my work at all times. This is my own fault. I need to live closer to my Master.

(2) Lack of satisfactory assistants, men and women, both well-trained professionally and well-filled with the true spirit of service.

(3) Co-operation and co-ordination with the forces around me that are working also for the coming of the harvest.

(4) Lack of good equipment, instruments, hospitals, dispensaries, etc. I have just hinted at these, but they are real difficulties felt in the order named.

To strengthen the work I would suggest the following, named in the order of their importance:

1. Developing better equipped medical schools properly co-ordinated with the other missionary agencies to train competent Christian physicians and surgeons.
2. Conferences and medical literature for native graduates and missionaries to keep the native doctors growing and in constant touch after their graduation.
3. Conferences of medical missionaries on methods of hospital management and on the question of self-support.
4. Establishment of a practical economical supply agency at some suitable center in each country.